

PUBLIC HEALTH DEPT.

REPORTS COLLECTION COPY

COUNTY BOROUGH OF WALLASEY



ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

FOR THE YEAR

1951

RONALD B. BERRY, M.D., Ch.B., D.P.H.,

*Medical Officer of Health, Administrative Tuberculosis Officer,
School Medical Officer, etc.*

BENSON & HOLME LTD., PRINTERS, 56 STANLEY STREET, LIVERPOOL,
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Public Health Office,

Town Hall, Wallasey,

July, 1952.

To The Mayor, Aldermen and Councillors of the
County Borough of Wallasey.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting to you the Report carried out by the Health, Welfare and School Health Departments for the year 1951.

The Infant Mortality Rate is not as satisfactory as last year, though the figure is better than any year before 1950. The number of infant deaths was 55, compared with 49 in 1950, but it should be noted that the neo-natal deaths (during the first four weeks of life) totalled 35, compared with 28, and the number of deaths registered as due to atelectasis was nine as compared with one in 1950, the total increase can, therefore, be attributed to this one condition.

Influenza accounted for a large number of deaths in the early months of the year, the number registered during the year being 147, compared with 7 in 1950. Of these, 106 were 65 years of age or over. In addition, Pneumonia and Bronchitis accounted for 172, compared with 104, 118 of these being 65 years of age or over. There is a definite improvement in the death rate from Pulmonary Tuberculosis, the rate being 0.32 per 1,000 population, the number of deaths being 33 compared with the 1946 figures of 0.57 and 55 respectively—this reduction can, I think, be considered significant. There is every reason to hope that, with earlier diagnosis and improved methods of treatment, there should be further improvement in these figures.

Generally the work carried out under Part III of the National Health Service Act, 1946, continues to develop. I had hoped to see developments in After-Care work, but until the full co-operation of the Medical Practitioners is assured, instead of, in some cases, their active opposition, there is little hope of this coming about. I am certain that with the co-operation of the Hospitals and General Practitioners on the lines of the Cardiff Schemes dealing with Diabetic, Peptic, and possibly diseases of the kidneys, services of great value to the patients in their own homes could be developed.

The work of the Municipal Midwifery Service has increased and instead of reducing the service the present staff has been fully occupied.

There has also been a definite increase in the work of the Health Visitor, Home Nursing and Domestic Help Services, as will be seen by comparing the figures in the report with those for previous years.

The demands on the Ambulance Service also increased during 1951, and the present staff and fleet of vehicles are, at times, extended to the limit.

It is regrettable to have to report an increase in the admissions to Mental Hospitals, the figure being 228, as compared with 182 in 1950 and 150 in 1949. Owing to this increase there has been a considerable extra demand on the time of the Authorised Officers and I should like to pay tribute to the way in which they carry out their exceedingly responsible duties.

The Department has taken, and is taking part, in two Research Enquiries which are being conducted over a large population throughout the country. These are (a) Virus Infections during pregnancy (and their effects on the new-born child, particularly so far as malformations are concerned), (b) National Survey of the Health and Development of Children—which deals with all children born during a particular week in March, 1946.

I should also like to draw particular attention to the results of the examination of Ice Cream. These can only be considered as highly satisfactory and are a tribute to the work of the Sanitary Inspector's Staff and the co-operation of the manufacturers and vendors of the commodity.

Atmospheric Pollution is dealt with for the first time and a reference to the records will show that although we are a seaside and holiday resort, our proximity to large industrial areas and the docks and smoke from our own domestic chimneys, bring about an atmospheric condition not altogether satisfactory.

The responsibilities of the Welfare Section of the Department are becoming more obvious and clear cut, though how the problems are to be solved is by no means so clear. Hostels, for those needing care, on the lines at present being developed will solve only one part of the problem of the elderly. There is a large group of old people, failing both bodily and mentally, for whom the Hostel is quite unsuited and there is no definite line of demarcation separating this group from the "Chronic Sick" which are, in theory, the responsibility of the Hospital Service. It is admitted that the old "Poor Law" type of accommodation cannot be accepted in these days and the problem as to what type of accommodation is necessary and to what extent, has not yet been solved.

I have again to thank the members of the Health Committee and Welfare Committee and the Council generally for the support which has been accorded to me, and my staff who have worked loyally and well and without whose aid, unstintingly given, the vast amount of work recorded in these pages could not have been accomplished.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

RONALD B. BERRY,

Medical Officer of Health.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY

Medical Officer of Health and School Medical Officer :
RONALD B. BERRY, M.D., Ch.B., D.P.H.

*Deputy Medical Officer of Health, Assistant Child Welfare Medical Officer
and Deputy School Medical Officer :*
HOWARD WILLIAM HALL, M.B., Ch.B., D.P.H.

Tuberculosis Officer :
JAMES BAXTER, M.B., Ch.B., D.P.H. (part-time)

Assistant Medical Officer of Health and Assistant School Medical Officer :
E. J. A. O'REILLY, M.B., Ch.B., B.A.O. (Obstetrics).

*Assistant Medical Officer of Health and Assistant School Medical Officer
and Medical Supervisor of Midwives :*
ESME I. GRANT, M.R.C.S., L.R.C.P.

Dental Surgeons :
C. JOINSON LUYA, L.D.S.
W. A. HENDERSON, L.D.S.
E. G. MASON, L.D.S.
F. G. SUTCLIFFE, L.D.S. to 31/8/51.

Chief Sanitary Inspector :
1, 2 & 3 WILLIAM BATE, D.P.A.

Senior Sanitary Inspector :
1, 2 & 3 ARTHUR HEDLEY BASFORD.

District Sanitary Inspectors :
1, 2 & 3 RALPH HENRY FRENCH.
1, 2 & 3 HENRY PARKER.
1, 2 & 3 THOMAS KENNETH WARD.
1, 2 & 3 ARTHUR RIDGWAY.
1 RONALD HUGHES.
1, 2 & 3 ALAN ROBINSON.
1 & 2 JACK QUAYLE CALLISTER.

*Milk, Dairies and Meat Inspector and Inspector under Diseases of Animals
Acts and Orders :*
1 & 2 GEORGE A. OWEN.

Shops Inspector :
1 RALPH LANGFORD BASCOMBE.
1. Holds a Sanitary Inspector's Certificate.
2. Holds a Meat Inspector's Certificate.
3. Holds a Smoke Abatement Certificate.

Superintendent Health Visitor and School Nurse and Inspector of Midwives :
Mrs. A. PARKINSON, S.R.N., S.C.M., H.V.'s. Certificate.

Health Visitors :
Miss JOSEPHINE SHANNON, S.C.M., H.V. Cert., to 31/8/51.
Miss E. A. TEGGINS, S.R.N., S.C.M., H.V. Cert.
Miss ANNIE J. EDGE, S.R.N., S.R.F.N., S.C.M., H.V. Cert.
Miss CONSTANCE E. MURRELL, S.R.N., S.C.M., H.V. Cert.
Mrs. EVA E. P. NOLAN, S.R.N., S.C.M., H.V. Cert.
Mrs. ALICE JANE SMITH, S.R.N., S.R.F.N., S.C.M.
Miss IVY DOREEN BELLIS, S.R.N., H.V. Cert.
Mrs. W. DOVEY, S.R.N., S.R.F.N., S.C.M., H.V. Cert.
Miss M. E. ASPINALL, S.R.N., S.C.M., H.V. Cert.
Miss K. E. HIGGINS, S.R.N., Pt. 1 S.C.M., H.V. Cert.
Miss E. M. MORGAN, S.R.N., S.C.M., H.V. Cert.
Miss E. WHITBURN, S.R.N., S.C.M., H.V. Cert.
Miss E. M. MURPHY, S.R.N., S.C.M., H.V. Cert., from 1/3/51.
Miss M. B. JONES, S.R.N., S.C.M., H.V. Cert., from 17/9/51.
Mrs. K. SCHOFIELD, S.R.N., S.C.M., H.V. Cert., from 19/11/51.

Municipal Midwives :

NURSE E. DAVENPORT, S.R.N., S.C.M.
 NURSE E. KEELEY, S.C.M.
 NURSE E. E. HINTON, S.C.M.
 NURSE F. E. BOYD, S.C.M.
 NURSE E. HOMER, S.C.M.
 NURSE M. E. CUNNINGHAM, S.R.N., S.C.M.
 NURSE E. WOODS, S.C.M.

School Nurses :

(See School Inspection Report in Appendix.)

Public Analyst (Part-time Officer) :

T. R. HODGSON, M.A.

Weights and Measures and Food and Drugs Inspectors :

J. A. W. PRICE, Cert. Board of Trade.
 R. BARNES, Cert. Board of Trade.

Chief Administrative Assistant:

1 FRANK ALDRED.

Clerical Staff :

NORMAN SQUIRE, Senior Clerk.
 GORDON A. LOXHAM.
 HARRY LESTER.
 DAVID G. GREENHALGH.
 Miss G. CAMPBELL, to 31/7/51.
 Miss G. BOOTH, from 24/7/51.
 Miss M. BLENCOWE.
 Miss E. MASTERS.
 Miss K. M. A. BUNGEROTH, to 20/7/51.
 Mrs. I. HIDDEN, from 25/8/51.
 Miss R. J. GRAHAM.
 Miss B. FISHWICK.
 Miss P. WITTER.
 Miss J. S. HIND, to 13/7/51.
 Miss C. BILLOWS, from 30/7/51.

PART-TIME SPECIALISTS DISCHARGING DUTIES IN
 CONNECTION WITH SPECIAL CLINICS.

Dr. W. D. HAMILTON, M.B., Ch.B., B.A.O., D.O.M.S. (Ophthalmic).
 Mr. H. DAVIES, M.B., Ch.M., F.R.C.S. (Orthopaedic).
 Dr. MARY C. LYDON, D.P.M., L.R.C.P., L.R.C.S. (1) (Psychiatrist).

MATRONS OF DAY NURSERIES.

Mrs. S. BATTING, Central Park Day Nursery.
 Miss R. SMART, Oakdale Day Nursery.
 Miss A. F. RUSSELL, Eastway Day Nursery.

SUPERINTENDENT HOME NURSES' HOME :

Miss K. EUSTACE, S.R.N., S.C.M., H.V. Certif.

DOMESTIC HELP ORGANISER :

Mrs. G. MALCOLM FALLA.

SUPERVISOR OCCUPATION CENTRE FOR MENTAL DEFECTIVES :

Mrs. M. LEACH.

MENTAL HEALTH SERVICE.

Duly Authorised Officers :

Mrs. M. PARNHAM, Part-time.
D. HUGHES, Part-time.
T. BENTLEY, Part-time.

WELFARE SERVICE.

Senior Welfare Officer :

R. C. OLLIVE.

Welfare Officers :

Mrs. M. PARNHAM, Part-time.
D. HUGHES, Part-time.
T. BENTLEY, Part-time.

Home Teachers for the Blind :

Miss M. MACARA, Cert. College of Teachers of the Blind.
Miss M. BUNTING, Cert. College of Teachers of the Blind, to 31/8/51.
Miss A. DUDLEY, S.R.N., S.C.M., Student Home Teacher for the Blind,
from 1/10/51.

Clerical Staff :

F. WALL.
Mrs. H. PERRY, to 1/9/51.
Mrs. W. DAVIES, from 1/10/51.
Miss E. F. RICHARDS.

Matrons of Hostels for the Aged :

"Lamorna" Miss O. D. GOLDINGAY.
"Redcliffe" Miss H. E. NEWTON, to 31/10/51.
Miss E. PARSONS, from 1/11/51.

PART 1.



Vital Statistics

VITAL STATISTICS.

Area in Acres, as ascertained by Ordnance Survey, January, 1935	...	...	...	...	...	5,961
River and Sea frontage	...				Slightly less than eight miles	
Census Population, April, 1931	...	...	...	...		97,626
Registrar-General's estimated population at middle of 1951						101,100
Ministry of Food estimated population at 26th May, 1951						100,975
„ „ „ „ 22nd Feb., 1952						101,110
Inhabited houses at 31st December, 1951	...	...	...	...		28,712
Empty houses at 31st December, 1951	...	...	...	...		348
Rateable Value, 1939-1940	...	...	...	...	...	£877,164
„ „ 31st December, 1951	...	...	...	...	...	£911,115
Yield of a Penny Rate for 1951-52					(approx.)	£3,600
Product of a 1d. rate for the year 1951-52	...	...	...	...	...	£3,591
Est. „ „ „ 1952-53	...	...	...	...	...	£3,653
		<i>M.</i>	<i>F.</i>	<i>Totals</i>		
Live Births—Legitimate		846	778	1,624		
Illegitimate		42	31	73		
		888	809	1,697		
Birth Rate per 1,000 population	...	...	...	...		16.78
„ „ „ 1,000 of estimated population adjusted by Area comparability factor of 1.00				...		16.78
Birth Rate per 1,000 population for England and Wales	...					15.5
Still Births, 48. Rate per 1,000 total (live and still) births						27.5
		<i>M.</i>	<i>F.</i>	<i>Totals</i>		
Deaths to Dec. 31st	...	...	...	...	729 783	1,512
Death-rate per 1,000 of estimated population	...	...	...	...		14.95
Death-rate per 1,000 of estimated population as adjusted by Area comparability factor of 0.95	...	...	...	...		14.20
Death-rate per 1,000 of estimated population, England and Wales	...	...	...	...		12.5
Uncertified Deaths : 4 ; Percentage of Deaths :						0.26
Deaths from diseases and accidents of pregnancy and child- birth (Heading 30 of Registrar-General's Short List) :						
Puerperal Sepsis, Nil. Rate per 1,000 (live and still) births, Nil.					Total	
Other Puerperal causes 2 do.				1.14		1.14
Deaths of Infants under ONE year of age	...	...	...	...		55
Death-rate of Infants under ONE year of age :—						
All infants per 1,000 live births	...	...	...	...		32.41
Legitimate infants per 1,000 legitimate live births	...					32.02
Illegitimate infants per 1,000 illegitimate live births	...					41.09
Neo-Natal Rate per 1,000 births	...	...	...	...		20.62

Deaths from Measles (all ages)	...	...	...	...	Nil.
Deaths from Whooping Cough (all ages)	...	...	...	...	Nil.
Deaths from Diarrhoea (including Enteritis), under 1 year	...	...	...	...	Nil.
do. do. 1 to 2 years	...	...	...	...	Nil.
Diarrhoea and Enteritis Mortality Rate under 1 year, per 1,000 live births	...	...	...	...	0.00
Zymotic Death-rate per 1,000 of population (excluding Diarrhoea)	...	...	...	...	0.00
Phthisis Death-rate per 1,000 of population	...	...	...	...	0.32
Respiratory Death-rate per 1,000 of population (excluding Phthisis)	...	...	...	...	1.86

PRINCIPAL CAUSES OF DEATH.

Heart Disease	...	...	468	Intracranial Vascular	...	...
Other Circulatory Diseases	...	...	42	Lesions	...	165
Cancer	...	...	213	Congenital Malforma-	...	...
Respiratory Diseases—	...	...	...	tions	...	12
Pneumonia	...	75	} 188	Violent Deaths	...	...
Bronchitis	...	97		(including suicides)	...	43
Other	...	16		Acute and Chronic	...	...
Phthisis	...	...	33	Nephritis	...	14

SUMMARY OF DEATHS DURING THE YEAR 1951

CAUSES OF DEATH.	SEXES.		All Ages	DEATHS IN WHOLE DISTRICT								Total Deaths in the Borough whether resident or non-resident
	M.	F.		0-	1-	5-	15-	25-	45-	65-	75-	
All causes —Certified	726	782	1508	55	9	7	14	68	334	422	599	1512
—Uncertified	3	1	4	—	—	—	—	—	2	2	—	—
Tuberculosis—												
respiratory	22	11	33	—	—	—	1	12	13	7	—	
Tuberculosis—other ...	2	2	4	—	1	—	1	2	—	—	—	
Syphilitic disease	2	1	3	—	—	—	—	—	2	1	—	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal infection	2	2	4	—	1	1	—	1	—	1	—	
Acute polio-myelitis	—	—	—	—	—	—	—	—	—	—	—	
Measles	—	—	—	—	—	—	—	—	—	—	—	
Other infective and parasitic diseases ...	1	2	3	1	—	—	1	—	—	—	1	
Malignant neoplasm—stomach	14	18	32	—	—	—	—	—	5	13	14	
Malignant neoplasm—lung, bronchus	25	4	29	—	—	—	—	—	12	13	4	
Malignant neoplasm—breast	—	26	26	—	—	—	—	2	11	7	6	
Malignant neoplasm—uterus	—	8	8	—	—	—	—	—	2	4	2	
Other malignant and lymphatic neoplasms	71	47	118	—	1	—	1	8	38	35	35	
Leukæmia, Aleukæmia	2	—	2	—	—	1	—	—	—	—	1	
Diabetes	2	5	7	—	—	—	—	—	2	4	1	
Vascular lesions of nervous system	69	96	165	1	—	—	1	2	39	49	73	
Coronary disease—												
angina	84	66	150	—	—	—	—	2	37	62	49	
Hypertension with heart disease	12	21	33	—	—	—	—	1	8	11	13	
Other heart disease ...	106	179	285	—	—	—	2	7	33	62	181	
Other circulatory disease	12	30	42	—	—	—	—	1	7	12	22	
Influenza.....	64	83	147	4	—	—	—	2	35	44	62	
Pneumonia	40	35	75	4	3	—	—	5	12	19	32	
Bronchitis	61	36	97	—	—	—	—	4	26	31	36	
Other diseases of respiratory system	11	5	16	—	—	—	—	1	5	6	4	
Ulcer of stomach and duodenum	7	2	9	—	—	—	—	—	2	5	2	
Gastro-enteritis and diarrhoea	5	3	8	—	—	—	1	1	2	1	3	
Nephritis and Nephrosis	5	9	14	—	1	—	—	2	3	2	6	
Hyperplasia of prostate	8	—	8	—	—	—	—	—	—	4	4	
Pregnancy, childbirth, abortion	—	2	2	—	—	—	—	2	—	—	—	
Congenital malformations	10	2	12	9	—	—	—	1	2	—	—	
Other defined and ill defined diseases.....	63	74	137	33	—	4	1	6	30	24	39	
Motor vehicle accidents.....	10	1	11	—	2	—	2	3	4	—	—	
All other accidents ...	17	10	27	3	—	1	2	3	3	6	9	
Suicide	2	3	5	—	—	—	1	—	3	1	—	
Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—	—	
ALL CAUSES	729	783	1512	55	9	7	14	68	336	424	599	

SUMMARY OF DEATHS DURING THE YEAR 1951

DEATHS IN PUBLIC INSTITUTIONS IN WALLASEY.					ELSEWHERE.		
L LANE HOSPITAL—					LIVERPOOL AND OTHER HOSPITALS—		
Residents ...	...	...	...	10	(Excluding Sanatoria) ...	...	177
Non-Residents ...	...	...	...	5	ST. CATHERINE'S HOSPITAL, B'HEAD...	...	154
SHEFFIELD MATERNITY HOSPITAL—					COUNTY MENTAL HOSPITAL ...	...	14
Residents ...	...	...	...	12	OTHER MENTAL HOSPITALS ...	...	2
Non-Residents ...	...	...	...	1	SANATORIA outside Wallasey...	...	1
VICTORIA CENTRAL HOSPITAL—					Total		348
Residents ...	...	...	...	107	DEATHS OUTSIDE WALLASEY—		
Non-Residents ...	...	...	...	9	Not in Public Institutions	...	
WALLASEY COTTAGE HOSPITAL—					INWARD TRANSFERS	...	32
Residents ...	...	...	...	10	TRANSFERABLE DEATHS—		
Non-Residents ...	...	...	...	1	In Wallasey of Non-residents	...	
WALLASEY CHILDREN'S HOSPITAL—					OUTWARD TRANSFERS	...	62
Residents ...	...	...	...	—	INQUESTS.		
Non-Residents ...	...	...	...	3	Residents (all ages) ...	25	36
					Non-Residents (all ages) ...	11	
					Legitimate Children—Under 1 year...		2
					1 and under 2 years	...	—
					2 years and over	...	3
					Illegitimate Children—under 1 year...		—
					1 and under 2 years	...	—
					2 years and under 5 years	...	—

MATERNAL MORTALITY.

Two Maternal Deaths were registered during the year, the causes being as follows :—

- A. (1) Acute heart failure due to secondary anaemia. (2) Toxaemia pregnancy.
- B. (1) (a) Pulmonary thrombosis. (b) Acute endometritis.
(2) Obstructed labour.

INFANT MORTALITY, 1951.

INFANT MORTALITY IN THE WARDS.

Ward				Births	Infant Deaths	Infant Mortality Rates per 1,000 Births
New Brighton	...	...	1	87	2	22.99
Upper Brighton	...	...	2	95	1	10.52
North Liscard	...	...	3	89	5	56.18
South Liscard	...	...	4	87	—	—
North Egremont	...	...	5	102	2	19.62
South Egremont	...	...	6	109	3	27.54
North Seacombe	...	...	7	100	6	60.00
South Seacombe	...	...	8	102	3	29.41
Somerville	...	...	9	131	4	30.53
Poulton	...	...	10	94	2	21.28
Marlowe	...	...	11	104	5	48.08
St. Hilary	...	...	12	67	4	59.70
Warren	...	...	13	67	2	29.35
Wallasey	...	...	14	62	1	16.13
Leasowe	...	...	15	202	10	49.50
Moreton	...	...	16	199	5	25.12
				1,697	55	32.41

NETT DEATHS FROM STATED CAUSES IN AGE GROUPS UNDER ONE YEAR

15

CAUSES OF DEATH	Under 1 day	1 day	2 days	3 days	4 days	5 days	6 days	7-13 days	14-20 days	21-27 days	Total under 28 days	28 days to 2 mths.	3 mths.	4 mths.	5 mths.	6 mths.	under 7 mths.	8 mths.	9 mths.	10 mths.	11 mths.	12 mths.	Total deaths under 1 year	Deaths in previous year
All Causes— Certified ... Uncertified	17	5	3	4	2	1	1	—	2	—	35	6	3	4	4	2	—	—	—	—	1	—	55	49
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza ...	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	4	1
Pneumonia ...	—	—	—	1	—	—	—	—	1	—	2	—	—	—	1	—	—	—	—	—	1	—	4	4
Cerebro-spinal meningitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—lungs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Tube'lar meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gastro-enteritis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Congenital malformations ...	2	1	1	—	1	—	—	—	1	—	6	2	—	1	—	—	—	—	—	—	—	—	9	9
Atelectasis ...	6	1	1	—	—	1	—	—	—	—	9	—	—	—	—	—	—	—	—	—	—	—	9	1
Overlying ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Premature Birth ...	8	3	—	1	1	—	1	—	—	—	14	—	—	—	—	—	—	—	—	—	—	—	14	13
Atrophy, Debility, Marasmus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Injury at Birth ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Violent Deaths ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	3	6
Other Causes	1	—	1	2	—	—	—	—	—	—	4	3	1	2	1	1	—	—	—	—	—	—	12	6
	17	5	3	4	2	1	1	—	2	—	35	6	3	4	4	2	—	—	—	—	1	—	55	49

The following table shows the Infantile Mortality rates of the Borough as compared with the figures for the whole of England and Wales and the County Boroughs and Great Towns for the census years from 1901 to 1931 and consecutive years up to 1951.

Deaths under 1 year per 1,000 Live Births, England and Wales and Great Towns.

Year	Wallasey	England and Wales	County Boroughs and Great Towns (including London). Number of towns shown in brackets
1901	142.0	151	168 (33)
1911	109.0	130	140 (77)
1921	59.0	83	87 (96)
1931	44.8	66	72 (107)
1932	48.0	64	70 (118)
1933	54.0	63	68 (118)
1934	50.0	59	63 (121)
1935	47.6	57	62 (121)
1936	65.9	59	63 (122)
1937	58.7	58	62 (125)
1938	60.3	53	57 (126)
1939	48.9	51	53 (126)
1940	62.9	57	59 (126)
1941	78.9	60	63 (126)
1942	47.7	51	56 (126)
1943	48.6	49	54 (126)
1944	43.0	45	48 (126)
1945	56.8	46	49 (126)
1946	42.2	43	46 (126)
1947	51.1	41	44 (126)
1948	43.5	34	39 (126)
1949	35.8	32	37 (126)
1950	28.7	30	34 (126)
1951	32.4	29	34 (126)

ILLEGITIMACY.

During the year there were 73 illegitimate births recorded by the Registrar-General as belonging to the Borough, as compared with 102 in 1950. This gives an illegitimate birth rate of 43.01 per thousand total live births, as compared with 59.78 in 1950.

The infant mortality rate amongst illegitimate children was 41.09 per thousand illegitimate births.

The following table shows the comparison between the death rates of illegitimate children and others registered in the Borough during the past few years.

Year	Esti- mated Popu- lation	Births		Illegitimate Births		Total deaths under one year of age	Infant Mortal- ity per 1,000 live births	Deaths of illegiti- mates under 1 year of age	Illegiti- mate infant mort- ality per 1,000 illegi- timate births
		Legi- mate	Ille- giti- mate	to 1,000 pop.	to 1,000 births				
1934	97,000	1,251	44	0.45	33.99	66	50.9	3	68.1
1935	96,600	1,218	62	0.64	48.43	61	47.6	3	48.4
1936	95,860	1,267	52	0.54	39.41	87	65.9	6	115.3
1937	94,910	1,220	58	0.61	45.37	75	58.7	4	71.4
1938	94,220	1,235	57	0.60	44.11	78	60.3	4	87.7
1939	93,990	1,239	54	0.57	43.58	63	48.9	2	37.7
1940	91,240	1,205	62	0.67	48.93	79	62.9	2	100.0
1941	72,060	1,037	54	0.74	49.41	80	78.9	6	92.6
1942	68,580	1,104	91	1.32	76.15	57	47.7	6	65.9
1943	74,310	1,454	107	1.44	68.53	76	48.6	5	46.3
1944	83,100	1,657	133	1.60	74.30	77	43.0	13	97.7
1945	87,890	1,523	183	2.08	107.26	97	56.8	14	76.5
1946	96,320	1,934	125	1.29	60.70	87	42.2	10	48.0
1947	98,780	2,044	108	1.09	50.18	111	51.11	9	83.33
1948	99,500	1,686	104	1.04	58.19	78	43.57	5	48.00
1949	100,750	1,704	80	0.79	44.84	64	35.87	6	75.00
1950	102,510	1,604	102	0.99	59.78	49	28.72	7	68.62
1951	101,100	1,624	73	0.72	43.01	55	32.41	3	41.09

ECONOMIC CONDITIONS.

The number of unemployed persons in the Borough in January, 1951, was 1,446, and in December, 1,254, as compared with 1,834 and 1,436 respectively in January and December, 1950.

The following amounts were expended on Unemployment, etc., Benefit by the Wallasey Employment Exchange :—

Unemployment Benefit	...	...	...	...	£51,507 10 11
Assistance Allowances	...	...	...	...	£20,093 18 1



PART II.



*Occurrence and Control
of Infectious Diseases*

**CASES OF INFECTIOUS DISEASES (Including Tuberculosis) NOTIFIED IN
WALLASEY DURING 1951.**

NOTIFIABLE DISEASE		Cases notified at ages											
		0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	Over 65
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery.....	111	3	4	4	7	9	28	12	4	18	13	7	2
Diphtheria (including Membranous Croup) ...	6	—	—	—	1	2	1	2	—	—	—	—	—
Erysipelas.....	12	—	—	—	—	—	—	—	—	2	—	6	4
Scarlet Fever	129	1	4	8	13	17	60	10	3	7	4	2	—
Paratyphoid B.....	1	—	—	1	—	—	—	—	—	—	—	—	—
Typhoid Fever.....	1	—	—	—	—	—	—	—	—	—	1	—	—
Puerperal Pyrexia	8	—	—	—	—	—	—	—	—	7	1	—	—
Meningococcal Infection	9	—	2	2	1	—	1	1	—	1	—	—	1
Poliomyelitis (Paralytic)	4	1	—	1	—	—	2	—	—	—	—	—	—
Poliomyelitis (Non-P'lytic)	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	89	3	—	—	—	1	5	—	1	3	2	28	46
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	93	—	—	1	1	1	5	4	8	32	14	23	4
Other forms of Tuber- culosis	12	—	—	—	—	—	3	2	3	3	—	1	—
Measles	946	39	88	124	136	152	386	10	5	6	—	—	—
Whooping Cough.....	312	23	34	47	50	55	99	2	—	1	—	1	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—
Post Infectious Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Infective Encephalitis	2	—	—	—	—	—	1	1	—	—	—	—	—
Polio-Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	1,736	71	132	188	209	237	591	44	24	80	35	68	57

INFECTIOUS DISEASES INVESTIGATIONS AND VISITS OF SURVEILLANCE.

During 1951 health visitors made 1,763 enquiry visits to infectious cases and contacts, mainly in connection with the incidence of scarlet fever, whooping cough and measles. Sanitary inspectors made 996 enquiries, 157 visits of surveillance, and submitted 1,360 specimens to the laboratory, in connection with a widespread outbreak of sonne dysentery and the occurrence of cases of food poisoning, acute poliomyelitis, typhoid and paratyphoid fevers and meningococcal infections.

Diphtheria.

Six cases of diphtheria were notified during the year, all being admitted to hospital. The diagnosis was confirmed in five cases, but no case was fatal, this being the third year in succession when there were no deaths from diphtheria.

Of the five confirmed cases only two had been immunised.

Further comments with regard to diphtheria will be found under Immunisation in Part III of the report.

Scarlet Fever.

During the year 129 cases were notified but the diagnosis was altered in respect of 13 out of 87 cases admitted to hospital. Arising from these, it was necessary to exclude from work eight adults working in school kitchens, a dairy, a restaurant kitchen and four other food premises. These contacts were kept under observation, and throat swabs taken until such time as freedom from possible infection was established. No case was fatal.

Puerperal Pyrexia.

There were eight notifications of puerperal pyrexia during the year, none of which proved fatal.

Ophthalmia Neonatorum.

Thirteen of the health visitors are qualified to treat the eyes of children suffering from ophthalmia neonatorum. One case was notified during the year.

Whooping Cough.

286 cases were notified, and 26 cases otherwise reported. None was fatal.

Tuberculosis.

During the year there were 105 primary notifications of Tuberculosis as compared with 123 in 1950 ; 93 were in respect of Pulmonary Tuberculosis, and 12 of the non-pulmonary type. The sex incidence was as follows :—

		<i>Males.</i>	<i>Females.</i>
Pulmonary	... ..	48	45
Non-pulmonary	... ..	6	6

The classification of the non-pulmonary cases was as follows :—

Meninges	... ..	3
Abdomen	... ..	2
Neck	... ..	3
Other organs	... ..	2
Bones & Joints	... ..	2

The following table shows the number of primary notifications, the number of deaths and the death-rate from Phthisis during the last seven years :—

Year	Formal notifications		Number of deaths		Pulmonary death-rate per 1,000 of population
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
1945	87	13	47	11	0.53
1946	77	10	55	9	0.57
1947	125	18	47	7	0.48
1948	125	27	53	9	0.53
1949	130	20	47	12	0.46
1950	112	11	42	1	0.41
1951	93	12	33	4	0.32

Number of notified cases of Tuberculosis on Clinic register :—

1st January, 1951 612

31st December, 1951 654

Transfers from other areas during 1951 ... 20

Lost sight of cases returned during 1951 ... 2

New cases diagnosed during the year ... 99

During the year 1,271 home visits were paid by the Tuberculosis Health Visitor.

Other information with regard to Tuberculosis is given on page 46.

Measles.

Measles has again been very prevalent, 946 cases coming to the knowledge of the department—887 notified and 59 otherwise reported. None was fatal.

Sonne Dysentery.

111 cases were notified, of which 108 were confirmed by laboratory examination of stools. These cases were part of the substantial outbreak commencing in 1950, and extending into 1951, a complete account of which was given in the annual report for 1950. The investigation and control of contacts associated with the cases occurring in the year now under review entailed a substantial campaign by the sanitary inspectors of the department, and involved the collection and submission to the laboratory of over 1,000 specimens of fæces. The outbreak was confined mainly to the western part of the district, and the identification of many of the cases was due to general practitioners being requested to notify the Public Health Department of all cases of diarrhoea which they encountered from day to day. The doctors in the Moreton area co-operated keenly, and hence the cases which were brought to light and covered by the investigation were almost entirely from that district. There are grounds for suspecting that the disease was even more widespread and that cases occurred in other parts of the town but were not recognised as such.

Paratyphoid Fever.

One case of paratyphoid fever was notified during the year; the infection was confirmed by laboratory examination to be of salmonella paratyphi B, Vi-phage type 3a. Investigation revealed that the infection had its source in North Wales; a reference to the Medical Officer of Health of the district concerned led to a conclusion that the patient had been infected there and that the probable vehicle of infection was synthetic cream in confectionery. The patient and family contacts were subjected to a period of observation and a series of ten pathological specimens were submitted until freedom from infection was established.

One other Wallasey resident was reported to have been in contact with a case of paratyphoid B, in another area, and surveillance was exercised without incident.

Another suspected case was investigated—a member of H.M. Forces. The final diagnosis excluded the possibility of paratyphoid fever or Weil's disease.

Typhoid Fever.

One case of typhoid fever (salmonella typhi, phage type E.1) occurred during the year. Some difficulties of investigation were encountered owing to the diagnosis being reached two months after the date of onset, and the patient having been away on holiday during the interim period. A negative Widal report during this stage of the illness also led to initial complications in the ascertainment of the true date of onset. It was finally discovered, however, that about ten weeks prior to the notification, the patient had eaten an article of food prepared in another district and that there had occurred in other Merseyside districts a number of cases of typhoid fever caused by the same type of organism. It is understood that the same article of food featured in these cases, but that the source of infection was not definitely traced by the authority concerned.

One foreign seaman who had been found to be a typhoid carrier arrived in the borough during the year and was transferred by ambulance to another ship to be repatriated.

Influenza.

During the year, deaths from influenza amounted to 147, compared with 7 deaths during 1950.

The epidemic of 1951 is recognised to have been the worst since 1933, and in so far as Wallasey and Merseyside are concerned, for a spell of three or four weeks it contributed to the highest weekly death rates from natural causes since the middle of the last century.

The outbreak first appeared in Newcastle-upon-Tyne at the end of December, 1950, and reached its peak during the week ended 6th January, 1951. Merseyside was next affected, the maximum number of deaths occurring one week later than in Newcastle, at a time when the weather was extremely cold. The intensity of the outbreak remained high in Wallasey for a period of four weeks, until the weather became milder, and the epidemic had run its course by mid-March. Mortality from the disease appears to have been

heavier in the affected Northern towns than in those in the Midlands and South, and to have been greater in Wallasey than any other town. During the 13 weeks ending on the 10th March, the total deaths from all causes were equivalent to 16 out of every 10,000 Wallasey residents, which was the highest mortality rate of all the great towns in England and Wales. Comparative figures of a selection of the worst and least affected towns are shown in the table below :—

Mortality : 13 weeks ending 10th March, 1951.

Town	Total deaths	Population in tens of thousands	Crude deaths per 10,000 of population
Wallasey	162	10	16.2
St. Helens	132	11	12.0
Wigan	84	8	10.5
Southport	76	9	8.4
Blackburn	85	11	7.7
Liverpool	598	80	7.5
Newcastle	116	29	4.0
Manchester	259	70	3.7
Birmingham	297	110	2.7
London	689	341	2.0

Acute Poliomyelitis.

Four confirmed cases were notified during 1951. In addition, three notifications were received which subsequently were withdrawn; one was rediagnosed as a case of meningococcal meningitis, and one an injury to the shoulder. No alternative diagnosis was made in respect of the remaining case.

The four confirmed cases were in children between the ages of nine months and six years. All were classed as paralytic cases. In one case the paralysis was restricted to the extensors of the right foot and in another case to the right leg; the child of nine months was the one most seriously affected, the legs and, to a lesser degree, one arm being involved. Paralysis in the fourth case was restricted to the left side, arm and shoulder girdle. None of the cases proved fatal. In two cases, recovery was complete; the remaining two are undergoing orthopaedic treatment as outpatients.

Acute Infective Encephalitis.

Two cases were notified during the year. Both—school children—were admitted to the same hospital on the same day, though they did not appear to be otherwise associated. Notification was made by the hospital authority only after recovery and discharge from hospital. Lethargy, headache and fever were symptoms common to both cases. The onset in one case was preceded by nausea and green stools. In the second case, the patient showed signs of a measles-like rash which was experienced by three other children in the house without the appearance of further symptoms.

Meningococcal Infections.

Nine confirmed cases, including one cerebro-spinal fever, came to the notice of the department during the year. Two were observed on the weekly death returns ; two were reported by a general practitioner after death of the patients ; four were notified by hospital medical officers, and one was notified by the general practitioner in the ordinary way.

The cause of death in the four fatal cases was certified to be meningococcal septicaemia, following a post-mortem in each case. Three of these cases occurred within a period of three weeks, and involved a baby seventeen months old, a woman of 72 years, and a man of 27 years of age. No connection between the cases could be established.

Investigations were made of seven suspected cases which subsequently were found to be other illnesses ; revised diagnosis included influenza, pneumonia, tonsillitis and frontal sinusitis.

Disinfection.

Visits to houses <i>re</i> disinfections ...	...	...	...	...	...	92
Rooms disinfected...	...	...	...	...	...	117
Books from public, private or school libraries disinfected	...					90
Articles disinfected	...	...	...	...	...	1,755
Beds and bedding disinfected	...	...	...	...	...	150

Food Poisoning.

Formal notifications of two associated cases of food poisoning were received during the year. Both cases were notified on a clinical diagnosis, with no bacteriological confirmation. Enquiries revealed no probable source of infection and the patients were not co-operative when efforts were made to obtain specimens for laboratory examination.

Three other persons (comprising two incidents) sought the assistance of the staff of the Public Health Department as a consequence of intestinal upset regarded by them to be a form of food poisoning. Enquiry did not suggest the illness to be of this nature. Samples of water and ice cream were submitted to bacteriological examination and the results were such as to dispose of their fears that one or the other had contributed to their illness.

On seven occasions during the year employees in the School Meals Service were reported by the School Meals Organiser to be suffering from diarrhoea, gastro-enteritis and allied symptoms. Investigations were conducted, specimens of faeces submitted for laboratory examination and the food handlers excluded from work for suitable periods. In none of the cases was the illness found to be caused by any specific organism.



PART III.



Services provided under Part III of The National Health Service Act, 1946.

Section 21—Health Centres.

„ 22—Care of Mothers and Young Children.

„ 23—Midwifery Services.

„ 24—Health Visiting.

„ 25—Home Nursing

„ 26—Vaccination and Immunisation.

„ 27—Ambulance Service.

„ 28—Prevention of Illness—Care and After-Care.

„ 29—Domestic Help Service.

„ 28 and 51—Mental Health Services.

Services provided under Part III of The National Health Service Act, 1946

HEALTH CENTRES.

No Health Centres have been constructed or are in course of construction in Wallasey.

CARE OF MOTHERS AND YOUNG CHILDREN.

ANTE-NATAL CLINICS.

The Clinics, at which a woman doctor is in attendance, are held on the following days :

MERTON ROAD—Monday, 1-45 to 3-30 p.m.

NEW STREET—Thursday, 9-30 to 11-0 a.m.

OAKENHOLT ROAD, MORETON—Every alternate
Friday, 1-45 to 3-30 p.m.

The attendance of expectant mothers at ante-natal Clinics has fluctuated very considerably this year. Under the National Health Service the general practitioner obstetrician is remunerated by the State for his attendance at a confinement, and he does not look favourably upon the Local Authority's Clinics ; he frequently discourages his patients from visiting them, in spite of the fact that the work carried out by the staff at these Clinics is complementary to that performed by the general practitioner. The midwives do their best to get their patients to attend the Clinic and most of those who come are only too pleased to continue their visits throughout the pregnancy as they soon realise that the service provided is a valuable adjunct to that given by their own doctor.

It is becoming quite customary now for a patient to come to the Clinic and ask for the routine blood test (the general public is much better informed than it was, and has come to realise the importance of the Rhesus factor and blood grouping), and very few of the general practitioners do this blood test.

Simple tonics, vitamins and sedatives are prescribed at the ante-natal Clinics and the patients are advised by the Health Visitors about the layette, and by the doctor about diet, exercises, and treatment of the breasts to ensure that they are in the best possible condition to undertake their confinement when the time comes. The midwife usually attends the Clinic too, and is given the opportunity of talking to, and examining the patient, thereby getting to know her better.

When complications of pregnancy or malpresentations are diagnosed, the appropriate treatment is instituted and the patient is either X-Rayed or referred to the consultative Clinic at Highfield or St. Catherine's Hospital.

Six weeks after her confinement the patient is reminded by letter that her post-natal examination is due, and many of them attend quite willingly, bringing their babies with them, to show to the staff who have been interested in them.

The extension of ante-natal facilities at Merton Road Clinic has not brought the increase in numbers that was hoped for, but it is not always easy for expectant mothers to find where the ante-natal Clinics are held, and, as it has only been functioning for six months at the time of writing this report, perhaps it is as yet too early to form an opinion.

The Clinic at Moreton is doing well, and will, it is hoped, continue to do so, especially as the population there is increasing so rapidly.

The following figures summarise the work done at the Ante-natal and at the Post-natal Clinics during the year:—

Ante-Natal.

Expectant mothers on books at January 1st	...	...	...	76
New cases during the year	...	...	...	243
Names on books at December 31st	...	...	...	69
Attendances of Expectant Mothers	...	...	...	1,263
First-visits to homes of Expectant Mothers	...	...	...	633
Revisits do. do. do.	...	...	...	422

Post-Natal.

Thirty-six mothers attended for post-natal examination during the year.

Maternity Emergency Unit.

The Corporation has an arrangement with the Liverpool Maternity Hospital for the use in Wallasey of the Maternity Unit for dealing with difficult domiciliary obstetric emergencies.

It has not been necessary to call upon the services of the Maternity Unit.

Maternity Outfits.

Maternity outfits may be supplied free of charge on request to the Public Health Department in respect of all domiciliary confinements, whether attended by a Municipal Midwife or a Private Midwife.

The number of domiciliary confinements attended during the year by Municipal Midwives was 520, and by Private Midwives 5. The number of Maternity Outfits issued during the year by those Midwives was 524 and 3 respectively.

Care of Premature Babies.

The Midwives, Health Visitors, Maternity Hospitals and Nursing Homes work in close liaison with each other to ensure that premature infants receive the correct care and attention in the home.

When a premature infant is born, the midwife in attendance informs the Public Health Department, stating if she requires additional equipment. Arrangements are then made for a health visitor to visit, and, if necessary, to take over the supervision of the case. If the midwife is not in need of any help she informs the Superintendent Health Visitor on her last day of visiting, and the health visitor then takes over. Very little time is lost between the handing over of the case from the midwife to the health visitor, which ensures that constant care and advice is maintained in the home with regard to the mother and baby.

The Maternity Hospital and Nursing Homes in the Borough also notify the Department of premature births, so that the delay between the date of discharge and the date of the health visitor's first call is as little as possible.

Home Helps are provided when necessary in cases where premature infants are born at home.

Number of premature infants born at home during the year	22
Number of premature infants born in hospitals or Nursing Homes	86

There were fourteen deaths during the year, where the cause was given as prematurity.

The Public Health Department has scales which can be had on loan for weighing premature babies in the homes. No charge is made. Eight parents took advantage of this service during the year.

HIGHFIELD MATERNITY HOSPITAL.

I am indebted to Dr. H. G. Farquhar, Paediatrician, at Highfield Maternity Hospital, for the following information:—

Live Births ...	926, of which 55 were premature.
Still Births ...	27
Deaths ...	8 (Premature 6, Full Term 2)

Still Births (27).

- 5 Breech delivery, of which 3 cerebral haemorrhage, 1 ruptured liver, and 1 no post mortem cause found.
- 4 Congenital defects, of which 3 were anencephalics, and 1 encephalocele, meningocele and congenital deformity of heart.
- 2 Maternal toxæmia.
- 1 Hydrops foetalis.
- 1 Intentional destruction of skull for disproportion and impaction.
- 1 Prematurity and ruptured liver after spontaneous delivery.
- 3 Asphyxia, of which 1 low forceps, 1 precipitate delivery, 1 early prolapse of cord.
- 1 Cerebral haemorrhage, cause not determined slight disproportion.
- 1 Oedematous? cause Mother Rh. neg., but no antibodies Coombes neg.
- 8 No information.

Distribution of Premature Babies.

1 lb. 8 ozs.—2 lbs.	1	Died.
3 lbs.—3 lbs. 8 ozs.	4	1 Death.
3 lbs. 8 ozs.—4 lbs.	4	1 Death.
4 lbs.—4 lbs. 8 ozs.	10	1 Death.
4 lbs. 8 ozs.—5 lbs.	13	1 Death.
5 lbs.—5 lbs. 8 ozs.	19	1 Death.
S.B. not weighed	4	

CHILD WELFARE CLINICS.

The Clinics at which a doctor attends on each occasion are held in the afternoon of the following days :—

New Street Centre—Tuesdays. Field Road—Thursdays.
Wallasey Village—Wednesdays. Oakenholt Road, Moreton—Tues.
Trinity Hall, Liscard—Thursdays. and Wednesdays.

There is no doubt that the Child Welfare Clinics in Wallasey are very popular, and one of the most successful of the Health Department's undertakings. Even in inclement weather mothers can be seen pushing their prams quite a long distance to the Clinics in order to consult with the Health Visitor and Doctor about some feeding or other problem which has arisen during the week, and to get their babies weighed.

At Moreton it has been found necessary to hold two weekly sessions instead of one, as it was obvious that the numbers were becoming far too high, and mothers were unable to wait their turn for weighing and advice. The extra session has eased the situation considerably, and though the numbers for each session are, of course, not as high as before, we are sure the attendances will rise as the weather improves, and the local epidemics of measles, mumps and scarlet fever subside. It is now possible for the doctor attending the Clinic to see twice as many babies and to spend more time on each individual case.

The general standard of health and nutrition of the babies who attend the Clinics is very high, and it is satisfactory to be able to report that there seems to be a slight increase in the numbers of mothers who are breast-feeding their children. We do all we can to help them and make breast-feeding possible, but very often, by the time the first visit to the Clinic is made, the baby has already been taken off the breast and put on to bottle feeding. It is difficult to make the mothers realise the value to the child of breast-feeding, when he is so much more content, and less noisy, the minute a bottle feed is given.

Vitamins are given more regularly, and these play a large part in establishing and maintaining the better standard of health and lower mortality rate which is found to-day.

A course of artificial sunlight for the babies and toddlers who are not thriving as well as they should is a very valuable addition to the general advice and treatment which is given at the Clinic. The physio-therapist co-operates well with the assistant medical officer and each course runs to full capacity, in fact, there is a waiting list for this eagerly sought-after therapy. Each child is seen by the medical officer after a month's course, and the treatment is continued or stopped according to the results obtained.

The Health Visitors are very successful in getting their mothers to attend the Clinics soon after the birth of their babies, and it is safe to say that very few do not make second and subsequent visits. After the baby is weaned on to solid food the visits become less frequent and it is difficult to make the parent realise that the second year of life is as important as the first—that it is at this stage that one can best detect, and treat, defects, such as knock-knees, bow-legs, flat feet, squints, speech defects and psychological disturbances.

At the age of eight months, and onwards, the mother is persuaded to have her baby immunised against diphtheria at the Clinic ; there is very little opposition to this measure and few babies escape the vigilant eye of the Health Visitor at this age.

We again record our gratitude to those voluntary helpers who come so regularly and take such an active interest in the Clinic life—without them we should need more Health Visitors, and their presence, therefore, enables far better work to be done, both at the Clinic and in the district.

We are hoping that one day, in the not too far distant future, we shall be the proud possessor of a real Child Welfare Clinic in Wallasey—a place that we can call our own and which will fulfil more adequately the purpose for which it is intended, church halls do not make ideal premises for baby clinics.

The number of attendances during the year was :—

Children under one year of age	New Street 2,011	Moreton 3,336	New Brighton 2,329	Wallasey Village 3,026	Trinity Hall Liscard 3,173	Totals 13,875
Children between one and five yrs.	412	884	625	1,190	1,290	4,401

SUPPLY OF WELFARE FOODS.

NATIONAL DRIED MILK, FRUIT JUICES, etc.

Particulars of National Dried Milk, Cod Liver Oil, and Fruit juices distributed to expectant and nursing mothers and to children under five years of age during the five years, 1947 to 1951, are as follows :—

NATIONAL DRIED MILK.	1947.	1948.	1949.	1950.	1951.
Number of packets given free ...	1,340	779	708	917	1,214
“ “ sold at reduced rates ...	53,283	55,735	59,604	69,543	65,233

COD LIVER OIL, FRUIT JUICES, ETC.

Number of bottles of :

Cod Liver Oil ...	24,989	27,408	25,672	22,946	23,188
Fruit Juices ...	107,587	107,734	99,229	94,056	92,901
Vitamin Capsules ...	5,791	7,085	7,437	6,611	6,021
Orange Juice (Free) ...	—	2,084	1,834	1,313	1,216

DRIED MILK (OTHER THAN NATIONAL DRIED MILK).

Sold lb. Packets, 11,705, realising ... £1,301 16s. 1d.

PRIORITY DENTAL SERVICES.

(For Expectant and Nursing Mothers and Pre-School Children.)

The main centre for this work is at the New Street Dental Clinic, where there is a dental Surgery complete with an X-ray unit. Sessions are held also at the Moreton Health Centre. One of the Authority's Dental Officers makes a speciality of this work, and during the year a number of expectant and nursing mothers have had their mouths put in order, dentures being fitted when necessary.

Children attending Nursery Schools and Day Nurseries have been inspected during the year, and children under school age have received dental treatment. The fact that a young child is in a day nursery indicates that the mother is at work and not available to accompany it on a visit to a dental clinic. As it is very often impossible to attend to very small children if the mother is not present, the problem of treatment can be very difficult. It would seem that it is the duty of employers of mothers of very young children to allow them to attend with their children when necessary at a dental centre, or indeed on any occasion when their presence is necessary.

This is a new service for the County Borough of Wallasey, and not one that will be easy to make popular. Expectant mothers avoid the dentist rather than seek him, and there can be no high pressure advertising campaign to overcome their "resistance." The service can only become appreciated and known by personal recommendation from mother to mother, which is a slow business.

The women referred for dental treatment by the Medical Officers have been treated during the year with some success. Unfortunately the Dental Officer specifically appointed for this work resigned as from 31st August and was not replaced during the year under review. The remaining officers did what they could, and will continue to do so until a new appointment is made.

The treatment of pre-school children was more satisfactory. This service has become known through parents bringing older children for treatment to the School Dental Clinics. The Day Nurseries are inspected during the school holidays, work that can be usefully done when the School Dental Service slows down.

A beginning has been made, and there is no doubt that in the course of time, both of these Services will become a valuable part of the whole Maternity and Child Welfare Service.

The following table shows the treatment completed in 1951 :—
NUMBERS PROVIDED WITH DENTAL CARE.

						Expectant Mothers	Nursing Mothers	Children Under 5
Examined						61	7	287
Needing Treatment						47	7	280
Treated						36	5	279
Made Dentally Fit						28	3	279
Sessions	Inspection					—	—	—
	Treatment					33	1	—
	Total					33	1	—
No. of Fillings	Permanent Teeth Filled				{	17 Fillings 14 Teeth	2 Fillings 2 Teeth	Nil
	Temporary Teeth					—	—	24
	Total					31	4	24
Extractions	Permanent Teeth					49	4	Nil
	Temporary Teeth					—	—	344
	Total					49	4	344
Administrations of General Anaesthetics ...						13	3	248
Other Operations	Permanent Teeth					16	7	Nil
	Temporary Teeth					—	—	—
	Total					16	7	—

DAY NURSERIES.

These indispensable establishments continue to perform their very useful purpose. In these days of high prices, it is becoming a common occurrence for both parents to be going out to work and if this is a necessary evil of our present-day existence, it is just as well that these institutions are there to look after the children.

The Nurseries are always overflowing, and if there were twice as many places these would soon be filled too. Priority is given to children from poor homes, especially illegitimate children, where there is real hardship, and it is most gratifying to watch the rapid improvement that takes place in the nutrition, physique, and mental outlook of such children.

The children are happy, well-fed and healthy. They are examined medically at the regular routine inspections which take place every 2-3 weeks—this means that each child receives a thorough medical examination about once in three months. The mothers are extremely

grateful, as a rule, for all that is done for their children, and the knowledge that they are happy during their absence, enables them to go to work with an easy conscience.

All the children are immunised against diphtheria at the Nursery by the Assistant Medical Officer, if this has not already been done before admission. If permission is not given the question of the child's continued attendance at the Nursery is considered.

The Nurseries are training schools for the National Nursery Examination Board Diploma and the results obtained have been very gratifying—no failures having yet been recorded. There seem to be quite a variety of posts for which these Nursery-trained Nurses can apply, and many of our successful students have secured good posts after passing their examinations, either in our own Nurseries, or elsewhere.

The aim of the staff is to make the Nurseries as much like home as possible, and it is because of their success in this that the children are rarely home-sick. It does not take much more than 24 hours before even the most fretful child is acclimatised to his new surroundings. They are allowed to make as much mess as they like—they play with water, sand, clay, plasticine and paints, and to see them scramble up and down the commando nets like little monkeys, without any fear at all, is an education in itself. They have a carpenter's bench at which they hammer nails vigorously into pieces of wood, and I am sure there is no sign of frustration or inhibition to be found in any of these youngsters. Strangely enough, in spite of their freedom, there are very few accidents apart from an occasional scratch or bruise.

After a happy, active morning's play they settle down and enjoy a good dinner, and then they are put down to rest on their rest frames for about an hour and a half—in the open air when weather permits.

Vitamins form a regular part of their daily menu and the well-balanced meals which they are given all help to build most of these children into fine healthy specimens of humanity.

The Matrons are to be congratulated on their administration of Wallasey's three Day Nurseries which are as successful and happy as any to be found elsewhere.

The following table shows the number of places and average number of children attending in December, 1951 :—

Nursery	Number on Register 31/12/51	Number of Places	Average Daily Attendances			
			<i>Exc. Saturdays</i> 0—2's 2—5's		<i>For month as a whole</i> 0—2's 2—5's	
Eastway ...	35	30	4	27	3	22
Central Park	60	50	13	35	11	30
Oakdale ...	60	50	9	42	8	35

MOTHER AND BABY HOMES.

There is not a sufficient number of mothers seeking admission to such Homes to justify the Council maintaining a Home for this purpose.

The Corporation has an arrangement with the Wallasey Moral Welfare Association whereby any women dealt with under Section 22 of the National Health Service Act, 1946, are admitted before and after the confinement.

The Corporation also contributes, where necessary, to the maintenance of unmarried mothers and illegitimate children admitted to Homes maintained by the Salvation Army and other voluntary bodies.

MIDWIFERY SERVICES.

DOMICILIARY MIDWIFERY.

Under the terms of the Midwives Act, 1936, and the Scheme prepared by the Council and approved by the Ministry of Health, under Section 23 of the National Health Service Act, 1946, the Council employed directly seven Municipal Midwives during 1951. Each Midwife is allotted a particular district, and resides in that district, though, of course, her activities are not strictly confined to that area.

All except one of the Municipal Midwives have had training in the administration of Gas and Air, and an adequate number of Minnitt Apparatus are housed at the Ambulance Depot. On receipt of a telephone message from the Midwife concerned, a Minnitt Apparatus is delivered at the home of the patient without delay.

Bicycles and bus passes are provided for the use of the midwives, and one has an Auto-cycle. The Ambulance Service supplies a Sitting Case Car and driver on the request of a midwife.

Dr. E. I. Grant, Woman Assistant Medical Officer of Health, acts as Medical Supervisor of Midwives, and Mrs. A. Parkinson, Superintendent Health Visitor, as non-medical Supervisor.

Three midwives in private practice notified their intention to practise in the Borough during the year.

In 1951 the seven Municipal Midwives attended 520 cases ; of these, 242 were attended as Maternity Nurses. Midwives in private practice attended 5 cases, of which 3 were attended as Maternity Nurses.

The following is a list of the causes for which medical help was sought :—

Condition of Mother.

				Private Midwives.	Municipal Midwives.
Miscarriage	—	1
Laceration of perineum	—	2
Puerperal pyrexia	—	1

Condition of Child.

Deformed foot	...	...	...	...	...	1
Discharging eyes	...	...	...	...	...	3
Asphyxia Livida	...	...	...	...	...	1
Baby poorly	...	...	...	...	...	1

HEALTH VISITING.

The Health Visitors are responsible for visiting homes and attending clinics in connection with Maternity and Child Welfare and combine these duties with those of School Health Nurse.

The Health Visitor must first be a State Registered Nurse, hold Certificate of Central Midwives Board and the Health Visitors Certificate of the Royal Sanitary Institute. She has, therefore, expert knowledge of the care of children.

The visiting of homes is the most important aspect of their work, and is concerned with the expectant mother, the new baby after 14 days, and regular visits to infants up to 5 years of age. Because of her combined duties, the Health Visitor is able to provide a continuous contact with the homes and children throughout their school life. The Health Visitor attends all clinics and Welfare Centres in connection with Maternity and Child Welfare, and is present at Inspections and Clinics in connection with the School Health Service. The value of her work in connection with the prevention of spread of infectious disease and the importance of Immunisation and Vaccination has already been proved.

Under the National Health Service Act, 1946, the work of the Health Visitor has extended to include not only the children, but the family as a whole.

The Health Visitor may well be termed friend and adviser within the family group, her knowledge of the social services, official and voluntary, give her opportunities to interpret advice given and the use of various services available for the family. As a liaison between the various bodies the Health Visitors' work is greatly appreciated and the Hospital Almoners, where patients are in need of special care or treatment at home, now request reports on home circumstances on or before the patient's discharge from hospital. The Children's Officer, too, makes requests and asks for information in many cases where the value of the Health Visitors' knowledge and experience are found helpful.

The following is a summary of work done by the Health Visitors during the year :—

Visits to children under 1 year	...	...	...	...	9,576
Visits to children between 1 and 5 years	...	...	...	...	14,619
Visits to stillbirths	...	...	...	...	34
Visits to Neo-Natal Deaths	...	...	...	...	25
Visits to Deaths, 1—5 years	...	...	...	...	8
Visits to Post-Natal cases	...	...	...	...	243
Total visits to Premature Births	...	...	...	...	214
Total visits to Infectious Diseases and contacts	...	...	...	...	1,763
Visits to Ophthalmia cases	...	...	...	...	4
Total visits to Expectant Mothers	...	...	...	...	1,055
Visits for Children's Officer	...	...	...	...	99
Visits re Immunisation	...	...	...	...	154
Miscellaneous visits	...	...	...	...	563
Visits for Hospital Almoners	...	...	...	...	21
Visits re Tuberculosis	...	...	...	...	1,271
Visits re Ministry of Health Enquiry into Virus Infection during pregnancy	...	...	...	...	25
Ineffectual visits (no response, etc.)	...	...	...	...	4,397
Total visits	...	...	...	...	34,071

PROMOTION OF CLEANLINESS AND GOOD HEALTH (Min. of Health Circular 2831).

Health Visitors impress on mothers and expectant mothers the importance of cleanliness and freedom from vermin, and concentrate largely on the homes which they know to be the least satisfactory in this respect.

Fine tooth combs are supplied on loan, and Lethane hair oil and Sulco Wash is available for cases needing treatment.

Posters dealing with vermin, issued by the Central Council for Health Education, are exhibited in various parts of the Borough.

HOME NURSING.

Home Nursing in the Borough was for many years carried out by the Wallasey District Nursing Association, from a District Nurses' Home in the centre of the town. This Organisation carried on the work, on behalf of the Corporation from the 5th July, 1948, to 30th June, 1950, the Local Authority taking over, by agreement, the Organisation, including the Nurses' Home, and the existing staff on 1st July, 1950.

The staff in 1951 consisted of a Superintendent and ten Home Nurses. Difficulty has been experienced from time to time in obtaining the services of nurses. Practitioners wishing the services of a nurse for a patient make their requests to the Superintendent of the Home Nursing Service (Tel. Wallasey 5709).

During the early part of 1951 the Home Nursing Service had great demands made upon it in order to cope with the nursing of Influenzal Pneumonia as a result of the epidemic. Many of the Nursing Staff were taken ill and the few who remained on duty had to work 12 hours per day for 5 weeks without any off duty. We were fortunate in having valuable voluntary help from the Health Visitors and Red Cross workers.

Later in the year the staffing situation improved and with the introduction of the motorised cycle, the fatigue experienced by the Nursing Staff whilst travelling to and from patients has been reduced considerably, with a consequent improvement in the maintenance of an efficient service.

Due to an increase in Nursing Staff, more regular attention has been possible to old people living alone, but there is still a great need for more Home Nurses in the Borough of Wallasey. The recommendation of the Queen's Institute of District Nursing is that one Home Nurse should not be responsible for more than 6,000 of the population.

The following is a summary of the work undertaken in 1951 :—

No. of cases attended ...	...	...	...	1,137
No. of cases completed...	...	...	...	1,004
No. of visits paid	...	...	...	31,545

Table showing total completed cases nursed, average duration of treatment and average number of visits for various types of disease during 1951.

Disease	Total completed cases	Average duration of treatment (weeks)	Average number of visits
Infectious, etc.	5	1.5	12.4
T.B. (all forms)	41	7.9	49.7
Cancer and other neoplasms	101	5.6	28.9
Diabetes	19	7.8	46.0
Mental and nervous	8	4.5	15.9
Ear, eye, nose, throat and other sense organs	23	1.0	8.4
Cerebral haemorrhage, cerebral thrombosis, hemiplegia, etc.	65	10.2	92.2
Heart and arteries	74	5.0	28.8
Veins and circulatory	21	12.0	45.2
Respiratory	201	1.9	14.1
Digestive (including intestinal)	164	2.5	9.4
Genito-urinary system	45	5.8	21.8
Pregnancy	3	2.5	18.0
Skin (including septic conditions)	48	2.9	16.5
Bones and joints and muscular conditions (including rheumatism)	19	16.4	73.9
Injury	18	5.1	22.4
Blood	4	14.0	20.0
Glands	3	1.7	14.0
Diagnostic (preparation for X-ray, etc.	102	0.3	1.6
Senility	29	4.8	21.6
Other or ill-defined	11	2.6	14.7
Total	1,004	4.2	24.3

Reason for termination of treatment during 1951.

Disease	Recovered, Relieved or Convalescent		Admitted to Hospital or Nursing Home		Died		Specific treatment completed or discontinued		Other Causes*		Total	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Infectious, etc. ...	4	80.0	1	20.0	—	0.0	—	0.0	—	0.0	5	100.0
T.B. (all forms) ...	23	56.1	10	24.4	2	4.9	4	9.7	2	4.9	41	100.0
Cancer and other neoplasms ...	16	15.8	13	12.9	54	53.5	4	4.0	14	13.8	101	100.0
Diabetes ...	1	5.3	1	5.3	—	0.0	—	0.0	17	89.4	19	100.0
Mental and nervous... Ear, eye, nose, throat and other sense organs	3	37.5	2	25.0	2	25.0	—	0.0	1	12.5	8	100.0
Cerebral haemorrhage cerebral thrombosis, hemiplegia, etc. ...	22	95.7	—	0.0	—	0.0	1	4.3	—	0.0	23	100.0
Heart and arteries ...	10	15.4	10	15.4	35	53.8	—	0.0	10	15.4	65	100.0
Veins and circulatory	19	25.7	12	16.2	38	51.3	1	1.4	4	5.4	74	100.0
Respiratory ...	9	42.8	5	23.8	3	14.3	1	4.8	3	14.3	21	100.0
Digestive (including intestinal) ...	144	71.6	17	8.5	34	16.9	1	0.5	5	2.5	201	100.0
Genito-urinary system	104	63.4	18	11.0	9	5.5	20	12.2	13	7.9	164	100.0
Pregnancy ...	27	60.0	5	11.1	3	6.7	8	17.8	2	4.4	45	100.0
Skin (including septic conditions) ...	2	66.7	1	33.3	—	0.0	—	0.0	—	0.0	3	100.0
Bones and joints and muscular conditions (including rheumatism)	34	70.6	5	10.5	5	10.5	1	2.1	3	6.3	48	100.0
Injury ...	6	31.6	5	26.3	2	10.5	—	0.0	6	31.6	19	100.0
Blood ...	13	72.2	1	5.6	—	0.0	—	0.0	4	22.2	18	100.0
Glands... Diagnostic (preparation for X-ray, etc.)	—	0.0	—	0.0	1	25.0	2	50.0	1	25.0	4	100.0
Senility ...	1	33.3	—	0.0	2	66.7	—	0.0	—	0.0	3	100.0
Other or ill-defined ...	—	0.0	—	0.0	—	0.0	102	100.0	—	0.0	102	100.0
	5	17.2	4	13.8	13	44.8	—	0.0	7	24.2	29	100.0
	2	18.2	2	18.2	2	18.2	3	27.2	2	18.2	11	100.0
Total ...	445	44.3	112	11.2	205	20.4	148	14.7	94	9.4	1,004	100.0

*"Other causes" include cases where relatives are able to manage, treatment has been refused by patient, reduction of case load, case left district, etc.

VACCINATION AND IMMUNISATION.

VACCINATION.

With the coming into operation of the National Health Service Act, 1946, on 5th July, 1948, the office of Public Vaccinator ceased to exist and vaccinations from that date have been carried out by patients' own doctors.

From the 5th July, 1948, medical officers and general practitioners taking part in the new arrangements are required to furnish to the local Health Authority particulars for record purposes. On the basis of receiving such particulars the Council will pay a fee of 5/- per case to general practitioners.

During 1951 practitioners in the town notified that they had carried out 826 vaccinations and 311 re-vaccinations. Of the 826 vaccinations 653 were of children under one year of age.

PUBLIC HEALTH (SMALL-POX PREVENTION) REGULATIONS, 1917.

No primary vaccinations or re-vaccinations were performed by the Medical Officer of Health during the year.

DIPHTHERIA IMMUNISATION.

Immunisation against Diphtheria has continued throughout the year at the Clinics.

With the coming into operation of the National Health Service Act, 1946, on the 5th July, 1948, General Practitioners performing immunisation against Diphtheria under the Local Authority's approved arrangement, are able to obtain free supplies of prophylactic on application to the Public Health Department, Town Hall, Wallasey, or the Health Clinic, Oakenholt Road, Moreton. They also receive fees from the Local Authority in respect of the return to the Authority of information in a specified form for record purposes.

During the year 1,328 children received the full course of Immunisation treatment against Diphtheria—638 being immunised by General Practitioners and 690 at the Clinics.

In addition, 765 children who had received the full course five years ago were given a reinforcing dose—160 by General practitioners and 605 at the Clinics.

The following table shows the number of children immunised each year from 1936 :—

DIPHTHERIA IMMUNISATION

TABLE SHOWING NUMBER OF CHILDREN IMMUNISED—BY AGE GROUPS.

Age	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	Total
Under 1 year ...	—	—	—	—	—	8	21	56	30	27	37	140	67	86	47	73	under
1 year +	6	3	21	5	18	101	357	290	478	835	730	635	865	740	772	762	5 yrs. of
2 years +	22	12	17	13	23	111	309	251	78	168	160	78	279	181	229	236	age at
3 years +	38	11	24	10	27	115	295	169	58	60	91	47	75	77	85	71	31/12/51
4 years +	125	65	31	12	30	101	306	144	51	39	50	25	33	38	55	46	4,400
5 years +	313	160	206	29	45	136	308	152	82	63	59	32	54	31	42	56	Total
6 years +	221	114	230	10	44	85	243	223	68	45	45	26	43	25	33	34	over
7 years +	110	65	120	15	20	76	220	118	37	22	23	9	7	10	12	11	5 years
8 years +	25	13	6	3	2	47	247	120	51	22	21	8	4	3	5	5	and under
9 years +	13	6	—	—	4	41	238	96	74	43	15	7	7	6	9	7	15 years
10 years +	4	—	1	2	3	45	228	115	44	24	16	7	11	4	3	6	of age at
11 years +	3	1	1	1	4	27	188	107	60	19	13	5	5	3	3	7	31/12/51
12 years +	3	1	—	—	4	22	203	110	39	12	13	3	4	1	3	10	8,712
13 years +	4	—	—	4	1	22	237	135	64	12	11	5	3	—	—	2	
14 years +	2	—	—	2	—	9	57	101	20	1	5	1	1	1	1	1	
15 years +	—	—	—	3	—	4	21	45	17	7	1	—	—	—	1	—	
Over 16 years	—	—	—	1	5	1	12	31	6	12	1	—	1	2	1	1	
Total	889	451	657	110	230	951	8,490	2,263	1,257	1,411	1,291	1,028	1,459	1,208	1,301	1,328	

For the third year in succession no death has occurred from Diphtheria.

The following table emphasises the steady decline in the number of notifications of Diphtheria and the number of deaths from this disease in **Wallasey** particularly during the last nine years :—

<i>Year</i>	<i>Notifications</i>	<i>Confirmed Cases</i>	<i>Number Immunised</i>	<i>Total Immunised</i>	<i>Deaths</i>
1934	258	—	—	—	25
1935	275	239	181	181	18
1936	259	227	889	1,070	12
1937	241	209	451	1,521	12
1938	255	235	657	2,178	13
1939	187	185	110	2,288	11
1940	143	128	230	2,518	5
1941	220	182	951	3,469	10
1942	312	223	3,490	6,959	12
1943	157	79	2,263	9,222	3
1944	109	59	1,257	10,479	3
1945	120	66	1,411	11,890	1
1946	96	52	1,291	13,181	*1
1947	29	8	1,028	14,209	*1
1948	27	13	1,459	15,668	†3
1949	14	14	1,208	16,876	—
1950	11	6	1,301	18,177	—
1951	6	5	1,328	19,505	—

* Not immunised † 2 not immunised 1 transfer

DIPHTHERIA.

The following information has been supplied by the Ministry of Health :—

The mortality and incidence of diphtheria continue to fall. In England and Wales in 1951 deaths numbered 34 (provisional) against a yearly average of about 2,800 between 1930 and 1940. Notifications (uncorrected) were 1,983 compared with a yearly average of 55,000 in the same decade.

Since 1944 records have been kept of corrected diagnosis following notification ; these show a decrease of over 22,000 in the past seven years. Following are figures for deaths and notifications (corrected) for England and Wales since 1944 :—

<i>Year</i>	<i>Deaths</i>	<i>Corrected Notifications</i>
1944	934	23,199
1945	722	18,596
1946	472	11,986
1947	244	5,609
1948	156	3,575
1949	84	1,890
1950	49	962
1951	34*	699*

* provisional

Over 140,000 fewer children in the 0-5 age-group were immunised in 1950 compared with 1949 ; it will be realised that (even after allowing for the lower birth rate applicable to that year) there is a great deal of ground to be recovered.

If parents leave their children unprotected there may be a return of diphtherial outbreaks, of the possibility of which there have been one or two sharp reminders in recent months.

It is undoubtedly a fact that the success of the immunisation campaign has in itself meant that fear of diphtheria has declined, and that frequent references by Medical Officers of Health in their Annual Reports and public utterances to the virtual disappearance of diphtheria have often been misunderstood by the general public as implying absolute elimination rather than elimination *conditional upon the maintenance of an adequate level of immunisation*. Further, as the occurrence of the disease diminishes, fewer and fewer parents have any direct knowledge, let alone first-hand experience of diphtheria, which is apt to make them dangerously unmindful of the disease or mistakenly to believe that it has been almost got rid of in this country.

AMBULANCE SERVICE.

The records of this Department during the past year show an increase over the previous year—both in patients carried and mileage.

Every possible course has been followed to “weed” out those cases in which transport by ambulance is not a necessity, and the help of the Doctors and Hospital Staff in this direction is very much appreciated.

Record of Ambulances :

One sitting case vehicle was purchased during the year and one was withdrawn from the Service.

At the end of 1951 six ambulances and three sitting case cars were in commission.

Moreton Depot :

The above out-Station was opened on the 1st May, 1950, and operates between the hours of 0915 and 1745, dealing mainly with cases from the Moreton district.

During the year this Station has conveyed 5,013 cases from and to the Moreton area.

Ambulance Staff :

The authorised strength of the Wallasey Ambulance Service is eighteen Driver/Orderlies who work a rota of five days followed by two nights on duty, following which they have two clear days off duty. This rota, over a period of eighteen weeks, works out at approximately sixty hours a week and allows for approximately two-thirds of the available personnel for duty between the hours of 0900 and 1800.

Maintenance :

The Ambulance Staff carry out their own vehicle maintenance routines such as greasing, cleaning, petrol and oil, water, etc., but repairs are carried out by the Fire Brigade mechanics.

Owing to the numerous calls on this Service, constant supervision of the mechanical efficiency of the machines is necessary to keep them in commission, and observation of the mileage chart will give some indication of the attention required.

Looking at the figures of only four years ago, it is realised that with the very large increase in the number of cases conveyed and mileage run, there is a considerable amount of wear and tear on the ambulance vehicles, for at that time the greatest number of cases conveyed in any one month was 479 as compared with 2,344 cases conveyed during a similar period last year.

Out of District Journeys :

During the year the ambulances have been called upon to perform long-distance journeys involving a total mileage of 17,952.

The number of cases dealt with during 1951 was as follows :

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents	45	37	59	63	91	163	251	169	221	72	77	59	1,307
Sudden Illness	67	25	33	29	36	55	60	37	45	25	25	21	458
Maternity	85	45	63	59	64	95	85	63	58	62	50	63	792
Infectious Diseases	12	14	20	45	23	22	31	17	7	19	20	29	259
Mental	39	32	31	22	32	19	25	24	29	16	12	35	316
Malicious Calls	—	—	1	1	—	—	—	—	2	—	—	—	4
Mortuary	28	10	14	25	11	28	24	23	14	22	11	11	221
Other Cases	1,557	1,563	1,849	1,736	2,087	1,812	1,747	1,589	1,840	2,047	1,921	1,786	21,534
Total	1,833	1,726	2,070	1,980	2,344	2,194	2,223	1,922	2,216	2,263	2,116	2,004	24,891

The mileage of Ambulance vehicles during 1951 was as follows :

Vehicle	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
AHF. 909	974	1,043	1,117	1,595	830	1,125	1,218	815	1,829	1,187	1,587	661	13,981
AHF. 777	1,876	337	1,062	1,179	1,789	1,342	2,533	1,757	1,492	850	755	1,732	16,704
AHF. 347	491	1,043	1,335	1,208	655	953	921	673	1,177	652	1,088	918	11,114
AHF. 277	1,298	1,210	1,214	1,354	992	1,260	1,197	836	856	1,177	1,027	1,232	13,653
HF. 9500	374	1,279	1,229	1,218	784	732	949	951	1,279	1,674	1,287	1,245	13,001
HF. 6770	960	495	455	63	492	454	527	893	580	1,043	942	8	6,912
EOH. 840	1,829	2,144	2,795	2,472	1,968	1,959	1,710	1,757	636	1,736	1,024	1,359	21,389
VJ. 8244	1,159	1,094	1,343	1,382	1,016	813	786	224	—	—	—	—	7,817
HF. 5914	1,658	1,311	786	337	1,293	1,590	1,877	1,492	664	1,156	568	1,052	13,784
AHF. 994	—	—	—	—	1,474	2,670	1,610	1,199	1,627	1,386	1,556	1,507	13,029
Total	10,619	9,956	11,336	10,808	11,293	12,898	13,328	10,597	10,140	10,861	9,834	9,714	131,384

PREVENTION OF ILLNESS—CARE AND AFTER-CARE.

TUBERCULOSIS.

Details of notification of cases and statistics, etc., relating to Tuberculosis are given on pages 21, 22.

Prevention.—This is carried out by four main methods in Wallasey.

First.—The removal of an infectious case to hospital as soon as possible or the placing of such families who have over-crowded or unsuitable housing in premises where the patient can be nursed at home with the minimum of danger to his or her contacts. By treating a total of 130 suitable cases at home and keeping hospital cases in the wards only until they are non-infective and fit for home nursing, it has been possible to reduce the waiting time for admission to about 14 days. The Housing Department has greatly helped in this by rehousing 21 families. The Home Nursing section have been splendid in their work of treating patients at home. This has thrown a great deal of extra work on them which has been well done.

Second.—Vigorous contact examinations. All relatives and close contacts of a known case are fully examined and treatment commenced on new cases, thus detected. A total of 442 contacts were examined and by this means 13 new cases of Tuberculosis were detected. As there were 99 new cases of Tuberculosis diagnosed during the year there were therefore $4\frac{1}{2}$ contacts examined for every new case. This is a very high rate of contact examinations—the average for most homes being between 2 and 3 contacts per case.

Third.—The Tuberculosis service in Wallasey is fortunate in having the services of a full-time Health Visitor who devotes all her time to ensuring that patients are following out their treatment satisfactorily at home, that contacts are encouraged to attend and that all the worrying questions which arise during this illness are dealt with as quickly as possible.

The Health Visitor paid 1,271 visits during 1951.

Fourth.—This year B.C.G. vaccinations has been extended in scope and a total of 191 children have been done. The fact that we now give some measure of protection to child contacts has been of great help in persuading parents to bring up their children for contact examination and that is one of the reasons for the high contact examinations rate mentioned above.

After Care :

The most important event this year for the Committee was the commencement of building of the workshop for employment of disabled "positive sputum" T.B. persons, in mid-August. The name of the Committee was altered from "Wallasey Tuberculosis Care Committee" to "Wallasey Tuberculosis Care and Welfare Committee" to cover this part of the work, and the Committee registered under the National Assistance Act, 1948, as applied by the War Charities Act, 1940.

In connection with the fund to meet the cost of building the workshop, the B.B.C. granted a Week's Good Cause Broadcast appeal on Sunday, 2nd December. The Appeal was made by Rt. Hon. Freda, Viscountess Leverhulme. A subscription list was opened, headed by His Worship the Mayor of Wallasey. Over 400 letters were sent to local and Merseyside individuals, firms and organisations. A gold stop-watch competition was organised, as were whist drives, concerts, etc., and a football match arranged between New Brighton F.C. and Tranmere Rovers F.C. The £1,000 grant from the Mayor of Wallasey's War Fund was received during 1951.

The Care work of the Committee continued as formerly. Thirty patients received free milk, two received clothing, five shoes, three bedding, and fourteen had sick room articles on loan. In addition, one patient has been helped under special circumstances with a coal bill. These items, with replacements of sickroom articles, cost the Committee £112 13s. 5d. Handicraft materials took another £170 15s. 6d. The Committee's Welfare Officer made 290 home visits, during which 29 bed-patients received home instruction in simple handicrafts. Two occupational therapy classes were held throughout the year, the average attendance being 25. A social visit was paid by patients and Welfare Officer to the Birkenhead patients under Miss Dunn, and later in the year a return visit was made by Birkenhead. At Christmas a successful combined party for patients and their children was held. In addition, 27 Christmas parcels were given in particularly unhappy circumstances, and many toys were received and distributed to the children of patients. A grant of £200 was received from the Local Authority towards this Care Work.

MENTAL ILLNESS AND DEFECTIVENESS.

Details of work under this Section are given on pages 48-56.

OTHER TYPES OF ILLNESS.

The staff of the Public Health Department has co-operated with Hospital Staffs in dealing with people who require their services.

Many requests were received during the year from Almoners for information with regard to patients.

No requests were received during the year from General Practitioners with regard to after-care of patients.

Provision of Nursing Equipment and Apparatus.

Nursing equipment and apparatus is issued by the Home Nursing Service to patients attended by the staff of that Service.

A certain amount of equipment has also been purchased for special cases, and this is stored and issued from the Public Health Department. A small loan charge, varying with the value of the article, is made.

Should the demand for the provision of nursing equipment and apparatus increase to any material extent, it will be necessary for the Authority to consider the establishment of a Depot or Depots for the storing, distribution, sterilising, etc., of suitable articles of equipment. The Authority would, of course, consult with any Voluntary Organisations concerned to avoid overlapping in this Service, and to enable them to make use of any voluntary effort that might be available.

The following Voluntary Organisations operating in the Borough have schemes under which articles of medical equipment are loaned to the public, and arrangements have been made with these Organisations for the continuation of the Service :—

The British Red Cross Society ;
St. John Ambulance Brigade.

DOMESTIC HELP SERVICE.

The Domestic Help Service continues to play a very practical part in the welfare of the people of the borough. Many applications are received from mothers who require a helper to take charge of the household whilst she is in, or on her return, from hospital. During the influenza epidemic in January, 1951, the Service worked to its utmost capacity and many letters were received from appreciative patients.

The care of aged persons living alone continues to cause great concern to this department, as owing to the curtailment of the service, these cases have to be terminated after one month although the circumstances of the case are unaltered and the emergency still exists.

The following table shows the work carried out during 1951 :—

	<i>Maternity</i>	<i>T.B.</i>	<i>Others</i>	<i>Total</i>
Application for help received	137	3	359	499
„ „ investigated	137	3	359	499
„ „ accepted	131	3	331	465
No. of cases to which help sent	107	3	353	463
No. of hours worked	6,921 $\frac{3}{4}$	2,301	53,094 $\frac{1}{2}$	62,317 $\frac{1}{4}$
No. of helpers on Staff, 31/12/51	Full time, 28 ; Part-time, 6.			
No. of cases paying full fee, i.e., 2/4 per hr.	...	...	197	
No. of cases with a nil assessment	...	...	8	
No. of persons receiving O.A.P. or Widow's Pension,	175			

During the year the following cases were accepted by the Domestic Help Service from people of 65 years of age and over :—

<i>Cases for which a doctor's note was received.</i>	<i>Cases for which no doctor's note was received. People living alone and mostly over eighty years of age.</i>
Living alone	62 patients.
Husband and wife or sisters	46 patients
... 67 „	
Total patients of 65 years and over	... 175

MENTAL HEALTH SERVICES.

The Mental Health Service, which opens up a new era in the field of Mental Health, came into being on the 5th July, 1948, as part of the comprehensive Health Service provided under the National Health Service Act, 1946.

Under Part III of this Act, the Local Health Authority is invested with the community care relating to Mental Health and the Duly Authorised Officers with the statutory duties for securing the detention and reception of mentally sick persons and mental defectives requiring hospital care.

The responsibilities placed upon the Local Health Authority in relation to Mental Health are :—

- (a) The ascertainment of mental ill-health and mental deficiency.
- (b) The administrative arrangements for obtaining Detention and Reception Orders, and the escorting of mentally sick persons to Hospitals under the Regional Hospitals Board.
- (c) The community care of the mentally defective.
- (d) The Administrative arrangements for the admission to hospital for treatment for the mentally ill and of mental defectives.
- (e) Prevention, care and after-care work in the community in the field of Mental Health.

Administration.

The Local Health Authority carries out all duties in connection with the Mental Health Service, none being delegated to Voluntary Associations. In the removal of patients to hospital, the Local Authority's Ambulance Service is employed.

Staff.

Administrative Officer—Medical Officer of Health. In addition, three medical officers of the Local Health Authority are approved under Sections 3 and 5 of the Mental Deficiency Act, 1913, for the purpose of giving medical certificates.

Three Duly Authorised Officers—one woman and two men—are employed by the Local Health Authority. These officers also act as Mental Health Social Workers in the prevention, care and after-care section of the work. Two-thirds of the time of the three Duly Authorised Officers is allocated to Mental Health, and one-third to the Welfare Services under the National Assistance Act, 1948. The Duly Authorised Officers are available at all times of the day and night to deal with cases of urgency (they work on a rota system between themselves for after-hours duty). They each have a telephone at home. During the day, unless owing to exceptional circumstances all have been called out, one of the officers is available to give advice and assistance. A member of the Welfare Staff has been "Authorised" to act in the case of emergency.

One of the Authorised Officers now uses her car in the course of her duties. This has already proved of value in the saving of time and the expense of conveyances.

Offices.

The Mental Health Service Offices are situated in Church Street, about half a mile from the Town Hall. There are all the inconveniences and delays attendant upon a split department which add considerably to the work of the Authorised Officers.

There is a "branch" office at Moreton, in the old Public Assistance Committee Building, Oakenholt Road. The Authorised Officer for the district attends there on Tuesdays and Thursdays, when the office is open to the public between 11 a.m. and 12 noon. This has already proved a great boon to the residents of Wallasey West, and the office will be kept open for longer periods as time goes on and the need increases.

The New Mental Health Services.

Already the possibilities of the new approach to positive Mental Health are unfolding. Whereas previously the essential preliminary to treatment for mental illness was certification and incarceration, now the aim is preventive, the emphasis being on mental health, not mental illness, and it is hoped that, in the not too far distant future, certification will be the rare exception instead of the general rule as it has been in the past.

The success of the new method of treatment lies in early diagnosis of the symptoms, and although public opinion is being educated to appreciate that mental symptoms are only symptoms of an illness, there is still a reticence and shrinking on the part of relatives of a patient to seek advice in the early onset of the illness.

A review of the year's work, however, is encouraging. In spite of the fact that the Regional Hospitals Board has not yet established a Psychiatric Out-Patients' Clinic in Wallasey, and our patients have to go to Liverpool, Birkenhead, Clatterbridge, and even to Ormskirk, many patients have attended the Clinics. In some cases the arrangements are made by the General Practitioner, but frequently the Authorised Officer acts on the doctor's behalf, and, if necessary, accompanies the patient to the Clinic. If a period in hospital is advised by the Consultant Psychiatrist, the Authorised Officer then makes the arrangements necessary for the patient's admission to hospital as a Voluntary Patient and accompanies him thereto.

The establishment of a Psychiatric Out-patients Clinic in Wallasey is an urgent necessity, and it is hoped that, when the re-organisation of the Out-patients' Department at the Victoria Central Hospital is carried out, accommodation will be found there for this purpose.

The Hospital accommodation shortage is still acute, but, in spite of this, the number of patients admitted to Hospital for Voluntary treatment again exceeds the previous year's figure.

The new "open-door" wards at Upton have proved most valuable for treatment of short-stay cases. It is hoped, however, that it will not be long before separate small hospitals on Country House lines, will be established for the treatment of this type of case.

The admission of senile dementia cases to Newsham General Hospital without certification has proved very useful, and an extension of this facility in the future is hoped for, providing as it does for the care and safety of the patient without the stigma of certification, and leaves the Mental Hospital beds free for the reception of curable and "short-stay" cases.

Prevention, Care and After-Care.

This branch of the Service is still in its infancy. Lack of Staff and other facilities prevent its development, only a brief reference, therefore, can be made here to what will, in the future, be the Local Authority's biggest task in the field of Mental Health, which is essentially a Social Service.

Some After-Care work has been done in the past by Voluntary Agencies, but under Section 28 of the National Health Service Act,

1946, the duty is placed on the Local Health Authority. The Authorised Officers are now carrying out the work previously done in this Area by the Psychiatric Social Workers of the National Association for Mental Health.

Owing to pressure of other more urgent work, however, only a limited amount of time can be given to this important part of the work.

Preventive work is done in conjunction with the Psychiatric Out-patients' Clinics, by ensuring attendance of the patient, and by domiciliary visiting in a friendly capacity to give such help and advice as may be needed. For example, the finding of suitable employment by getting the patient in touch with the Disablement Resettlement Officer of the Ministry of Labour, and advising him of all resources which are available to help his particular need.

After-care work is carried out in the case of patients discharged from Mental Hospitals. The Medical Officer of Health receives notice, from the Mental Hospital, of a patient's discharge, and stating whether or not he (or she) is desirous of taking advantage of the after-care service. In some cases, before a patient is discharged the resident psychiatrist gets in touch with the Authorised Officer and tells him of the patient's particular need. Several patients have been assisted to find employment. Two, thus assisted, have been in the service of the Local Authority for over two years as domestics.

Experience proves that the patient needs, and is grateful for, the friendly help of someone who knows and understands what he has been through, and who can spare him some of the shocks and jolts of rehabilitation, and can act as a prop until he feels able to stand on his own feet again.

Lunacy and Mental Deficiency Acts.

Number of Wallasey patients in Mental Hospitals on 31st December, 1951, was as follows :—

Certified patients (Section 16, Lunacy Act, 1890)	...	...	314
Voluntary patients (Section I, Mental Treatment Act, 1930)			31
Temporary patients (Section V, Mental Treatment Act, 1930)			—
			<hr/>
Total	...	...	345
			<hr/>

There were 228 Admissions to Mental Hospitals during the year as follows :—

Mental Treatment Act, 1930.

Under Section I Voluntary Patients :	Male	Females	Total
Upton Mental Hospital	13	33	46
Rainhill Mental Hospital	5	1	6
Winwick Mental Hospital	1	3	4
Birkenhead Mental Hospital	1	—	1
Boundary Park, Oldham	—	1	1
	<hr/>	<hr/>	<hr/>
Total	20	38	58

No cases were admitted under Section V (Temporary patients).

Lunacy Act, 1890.**Under Section 20 (3 day Order) by Duly Authorised Officer to :—**

			<i>Males</i>	<i>Females</i>	<i>Total</i>
Birkenhead Mental Hospital	...	...	18	4	22
Upton Mental Hospital	...	...	—	5	5
Sefton General Hospital	...	...	1	6	7
Ormskirk County Hospital	...	...	—	2	2
			—	—	—
Total	...	...	19	17	36
			—	—	—

Under Section 21 (14 day Order) by Justice of the Peace to :—

			<i>Males</i>	<i>Females</i>	<i>Total</i>
Birkenhead Mental Hospital	...	...	21	10	31
Upton Mental Hospital	...	...	1	20	21
Winwick Mental Hospital	...	...	—	1	1
			—	—	—
Total	...	...	22	31	53
			—	—	—

Under Section 16 (Certified Patients) to :—

			<i>Males</i>	<i>Females</i>	<i>Total</i>
Upton Mental Hospital	...	...	17	33	50
Birkenhead Mental Hospital	...	...	7	3	10
Winwick Mental Hospital	...	...	—	8	8
Sefton General Hospital	...	...	—	7	7
Rainhill Mental Hospital	...	...	3	3	6
			—	—	—
Total	...	...	27	54	81
			—	—	—

Domiciliary Visits by Duly Authorised Officers :—

To cases under Lunacy and Mental Treatment Acts	...	...	...	758
Preventive, Care and After-Care visits	...	...	...	210
				—
Total	...	...	...	968
				—

Mental Deficiency Acts, 1913-38.

Total number of Mentally Defective Persons on the Local Health Authority's Register (excluding children being dealt with by the Education Authority) on 31st December, 1951 :

<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
140	124	264

The above total is made up as follows :

Defectives in Institutions	...	...	...	102
Defectives in "Places of Safety"	...	...	...	7
Defectives under Guardianship	...	...	...	6
Defectives under supervision in the Community	...	...	...	149
				—
Total	...	...	...	264
				—

Defectives in the Community.

The Duly Authorised Officers make supervisory visits to the homes of Defectives in the Community under Guardianship and supervision, advising and assisting the parents in the care of the

Defectives, by encouraging them to send their children to the Occupation Centre, where suitable, and informing them of all resources available for assistance under the National Health Service Act and the National Assistance Act, e.g., the provision of invalid chairs in suitable cases, and the financial assistance available for defectives over 16 years of age. Employment has been found for four high grade defectives.

Four defectives were admitted to Brockhall Hospital for short periods during the year, without legal Orders, thus enabling the parents to take a much needed rest. It is hoped that these facilities may be extended next year to provide more parents with a period of relief from the constant care of their defective children.

The parents have come to regard the Duly Authorised Officer as a friend who understands their problems and difficulties, and they do not hesitate to visit the Officers in between the domiciliary visits if they are in need of help or advice.

During the year 395 visits were paid by Authorised Officers to the homes of defectives.

Defectives in Institutions.

Co-ordination is maintained between the Hospital Management Committees of the various Institutions and the Local Health Authority. The Duly Authorised Officers visit the homes and supply the following reports, as required :—

- (i) Reports for the information of the Visitors when carrying out their Statutory duties under Section II of the Mental Deficiency Act.
- (ii) Home circumstances report in respect of applications for holiday leave or licence.
- (iii) Progress and Supervision reports with regard to patients on licence from Institutions.

Particulars of Mental Defectives Ascertained during the year.

(1) Ascertainment.

- (a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944) :—

	M.	F.	Total
(i) Under Section 57 (3)	6	1	7
(ii) Under Section 57 (5)	—	1	1
(b) Other cases reported during 1951 and ascertained to be "subject to be dealt with"	—	—	—

Total cases ascertained to be "subject to be dealt with" during the year...	6	2	8
---	---	---	---

(c) Other cases reported during 1951 who are not at present "subject to be dealt with," but for whom the Local Health Authority may subsequently become liable	—	—	—
Total number of cases reported during the year	6	2	8

(2) **Disposal of Cases reported during the year.**

(a) Cases ascertained to be "subject to be dealt with" :

	M.	F.	Total
(i) Admitted to Institutions (under order)...	—	—	—
(ii) Placed under Guardianship (under order)	—	—	—
(iii) Taken to "places of safety" ...	—	—	—
(iv) Placed under Statutory Supervision ...	6	1	7
(v) Died or removed from area ...	—	—	—
(vi) Action not yet taken ...	—	1	1

(b) Cases not at present "subject to be dealt with" :

(i) Placed under Voluntary Supervision ...	—	—	—
(ii) Found not to be defective ...	—	—	—
(iii) Died or removed from area ...	—	—	—
(iv) Action not yet taken ...	—	—	—

Total ...	6	2	8
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(3) **Number of Mental Defectives under Community Care including Voluntary Supervision or in "Places of Safety" on 1st January, 1951, who have ceased to be under Community Care or in "Places of Safety" during 1951.**

	M.	F.	Total
(a) Ceased to be under care ...	1	1	2
(b) Died or removed from area...	1	2	3
Total ...	2	3	5

At 31st December, 1951 :—

Number of Mental Defectives awaiting vacancies in Institutions	18
Number of patients on Licence from Institutions ...	13
Number of patients under Guardianship (including cases on Licence) ...	6
Number of patients under Statutory Supervision ...	72
Number of patients under Voluntary Supervision ...	70
Number of patients receiving training at Occupation Centre...	21

Cases in Institutions.

The following is a list of Institutions in which Wallasey mentally defective persons were accommodated at the end of the year, and the number of such persons in each, admitted "under order":

					<i>Males.</i>	<i>Females.</i>
St. Catherine's Hospital Annexe, Birkenhead	...				7	2
Llys Maldwyn Hospital, Caersws, Mont.	...	...			2	—
Cranage Hall Hospital, Holmes Chapel	...	...			18	28
Etloe House, Leyton	...	...	...	...	—	1
Gillibrand Hall, Chorley	...	...	...	...	—	1
Mary Dendy Home, Sandlebridge	...	...	...		2	1
Monkton Hall, Newcastle-on-Tyne	...	...	...		1	—
Royal Albert Institution, Lancaster	...	...	...		14	2
Stoke Park Colony, nr. Bristol	...	...	...		3	—
Royal Earlswood Institution, Redhill	.....	...	...		2	1
Hortham Colony, Bristol	...	...	...	...	—	1
Calderstones Institution, Blackburn	...	...	...		1	—
Brynhyfrydd Hospital, Mont.	...	...	...		2	1
Ashton House, Birkenhead	...	...	...		—	4
Great Barr Colony, Birmingham	...	...	...		1	—
Moss Side State Institution, Maghull	...	...	...		—	1
Rampton State Institution, Notts.	...	...	...		2	1
Newchurch Hospital, Culcheth	...	...	...		—	1
The Manor, Great Sutton	...	...	...		—	1
Brockhall Hospital, Whalley	...	...	...		1	—
					—	—
				Total	...	56
					—	46
					—	—

As in every other branch of the Hospital Service, there is an acute shortage of beds in Mental Deficiency Institutions. It will be noted that there are still 18 Wallasey cases awaiting admission to Institutions, 12 in the Community and 6 in Whitecross Homes as a "Place of Safety." With the promised extensions to Cranage Hall Hospital and Greaves Hall, Southport, it is hoped that the situation may be eased within the next few months. Meanwhile the Authorised Officers keep these waiting cases under close supervision in their homes.

Occupation Centre.

The Occupation Centre was opened on 3rd June, 1946, in the premises in Hale Road previously used as the Liscard High School for Boys. The buildings were approved by the Board of Control and adapted to their present purpose. There is accommodation for approximately 70 children.

Arrangements have been made with the Birkenhead Corporation and Cheshire County Council for Defectives from those areas to attend the Centre.

At the end of December, 1951, twenty-one Wallasey children and twenty-eight children from other areas were on the register.

The ages of the children vary from 5 upwards. There is no upper age limit, and two or three young people of 18 to 20 years attend.

The Centre is open five days per week, Monday to Friday, from 9 a.m. to 4 p.m., and closed for one month in the summer and approximately four weeks during the remainder of the year.

A mid-day meal is provided, cooked on the premises, and, in addition, each child has one-third of a pint of milk morning and afternoon. There is a rest period after dinner for the younger children.

Training is given in personal habits, cleanliness, and general behaviour. Marching, walking, hand and finger drill and singing to music form part of the curriculum. Action songs and mime are instructive and are thoroughly enjoyed by the children. At Christmas a Nativity Play was produced, most of the children taking part.

The crafts taught include plain sewing, embroidery, knitting, weaving, woodwork, rush seating, rug-making, papier-mache work, painting, drawing, stool-making, raffia work, miniature basket work, etc. Some new equipment has been added during the year.

The garden proves of great interest, and the sand pit in the recreation ground provides much enjoyment.

The high-grade children also receive instruction in reading, writing, simple spelling and arithmetic.

The Centre has proved a great boon to the parents of defectives attending, relieving them of the care of the child for seven hours a day.

PART IV.



*General Provision of
Health Services, etc.*

FOOD AND DRUGS ACT, 1938.

During the year 145 samples of milk and 257 samples of other food and drink were analysed. Six samples of milk were reported as below standard. They were :—

Milk, 15% deficient in fat.	Unofficial sample taken from wholesaler. This supply no longer comes into this district.
Milk, 4% ,, ,,	Seller cautioned.
Milk, 3% ,, ,,	Seller cautioned.
Milk, 4% added water.	Seller cautioned, other samples genuine.
Milk, 4% deficient of solids-not-fat.	Although of poor quality these samples were genuine.
Milk, 2% deficient of solids-not-fat.	do.

Other samples not genuine were :—

Sausage 4% deficient in meat.	Seller cautioned.
Sausage 170 parts per million sulphur di-oxide.	Seller cautioned. No notice.
Processed Cheese 13% excess water.	Reported to Ministry of Food.
„ „ 14% ,,	do.
„ „ 2% ,,	do.
Sultanas 1½% stalks	Seller cautioned.
Dried Peas 4% pea pickings.	Seller cautioned.
Margarine unlabelled.	do.
Bacon fly-blown.	Reported to Food Inspector.

FERTILISER AND FEEDING STUFFS ACT.

Fourteen samples of fertiliser and six samples of feeding stuffs were submitted for analysis. Two samples of fertiliser did not comply with the requirements of the Act. The deficiencies, which were slight, were brought to the notice of the manufacturer. Further samples were genuine.

PHARMACY AND POISONS ACT.

During the year the following applications were received :—

For registration	... ... ...	11
For re-registration	... ... ...	175
Premises not re-registered	... ... ...	10

CONTROL AND SUPERVISION OF MILK SUPPLIES.

The number of instances in which Tuberculous infection of Bovine origin was recorded in milk samples obtained during the year and submitted for laboratory testing was nil. This improvement has been influenced by numerous factors, but particular mention should be made, especially when comparing the disease incidence figures in milk, to the fact that in earlier years, samples were obtained mainly from milks originating from a wide variety of production points, and which in many cases circulated through involved channels of distribution.

In addition, a substantial volume of the milk was, at that time, sold undesignated and unprocessed, whereas to-day almost the entire supply distributed in the Borough is sold under designation and comprises "Certified," "Tuberculin Tested," "Pasteurised" and "Sterilised" milks.

Considerable changes have also taken place in methods of retail handling and distribution, a branch of the industry which is passing progressively from the smaller trader into the hands of the larger Dairy undertakings.

It is gratifying to note that only in a comparatively small number of instances has laboratory testing revealed unsatisfactory or faulty processing methods.

In view of the greatly changed position, the degree of safety which may now be anticipated in respect of consumer supplies is unquestionably higher than has been the case in the past.

A brief description of the various designations used in connection with milk retailed in the Borough and a short reference to the appropriate tests to which samples must conform in compliance with the provisions contained in the relevant Milk Regulations is contained in the Annual Report for the year 1950.

During the year the following milk samples were obtained by the Department and submitted for Laboratory testing :—

Pasteurised Milk.

No. of samples obtained 106, of which	101 satisfied both the Methylene Blue and Phosphatase Tests. 1 failed both the Methylene Blue and Phosphatase Tests. 2 failed the Methylene Blue Test. 2 failed the Phosphatase Test.
106	

Tuberculin Tested Milk—Pasteurised.

No. of samples obtained 43, of which	42 satisfied both the Methylene Blue and Phosphatase Tests. 1 failed the Methylene Blue Test.
43	

Sterilised Milk.

One sample of Sterilised Milk was submitted to the Turbidity Test, and the report received indicated that the sample was satisfactory.

RAW MILK.

Tuberculin Tested Milk—"Certified."

No. of samples obtained 3, all of which satisfied the prescribed Methylene Blue Test.

Each sample was, in addition, submitted to Biological Testing, and a negative report was received in each case.

Tuberculin Tested Milk.

No. of samples obtained 8, all of which satisfied the prescribed Methylene Blue Test.

Six samples were, in addition, submitted to Biological Testing, and five negative reports were received. In the remaining one case, premature death of the inoculated guinea pig was reported.

Mixed Raw Milk.

One sample of Mixed Raw Milk was obtained from a pasteurising holder prior to treatment. The Methylene Blue Test was satisfied.

The sample was, in addition, submitted to Biological Testing, and a negative report was received.

The samples of milk taken by the Department during the year were obtained from the following sources :—

Dairies	...	...	...	...	...	102
Schools	...	...	...	...	...	53
Street delivery vehicles	...	...	...	...	...	7

Total number of samples submitted for						
Laboratory testing	...	...	...	...	...	162

Some difficulty was experienced in regard to the application of Section 20 of the Milk and Dairies Regulations, 1949. This resulted from information being received that an infected (tubercle) supply of milk, originating from a farm situated in an Urban district, was being distributed, unprocessed, in the Birkenhead and Wallasey areas from dairy premises situated in Birkenhead.

An arrangement was subsequently agreed upon by the authorities concerned, to expedite the practical application of this provision in the event of similar circumstances arising in the future.

During the year one prosecution for the sale of milk unfit for human consumption was taken in the local Magistrates' Court.

The proprietors of the Dairy, located outside the district, were prosecuted for selling within the Borough a bottle of milk containing debris, consisting of mould spores, vegetable matter and fragments of coal.

The Magistrates imposed a fine of £2 10s. 0d. and the firm was ordered to pay £6 6s. 0d. costs.

The Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.**The Milk (Special Designations) (Raw Milk) Regulations, 1949.****The Milk and Dairies Regulations, 1949.**

Bottled supplies of Pasteurised milk continue to be received from the larger Dairy undertakings by Dairymen who hitherto engaged in the handling and bottling of bulk supplies at their own Dairies.

During the year 278 visits were made to Dairies and other premises engaged in the handling, storage and distribution of milk.

27 persons were registered as "Distributors."

1 application for registration of premises as a "Dairy" was approved.

1 application for the sale of fresh dairy cream in sealed cartons was approved.

71 applications for new and renewal of licences were approved.

Milk in Schools Scheme.

During the year 2,222,937 one-third pint bottles of milk (92,622 gallons) were supplied under the Milk in Schools Scheme.

The Schools in the Borough are catered for by six milk purveyors, Pasteurised Milk being supplied in each case.

MEAT AND FOOD INSPECTION.

Visits made to food shops, including Butchers, Fishmongers, and other shops engaged in the sale and handling of foodstuffs, resulted in the following quantities of food being disposed of as unfit for human consumption:—

Meat.

	lbs.
Pressed Veal	8½
Shoulder Bacon	1¼
Sliced Cooked Beef	40
Sausages	113
Sliced Ham	10
Total	172¾

Fish and Poultry.

	lbs.
Prawns	10
Shrimps	7½
Haddock	42
Hake	70
Herrings	28
Total	157½

10 Chicken carcasses.

Fruit and Vegetables, etc. (including Dried Fruit and Dried Vegetables).

Pears	4 cases	Sultanas	1 box
Peaches	50 trays	Onions	6,552 lbs.
Prunes	5 lbs.		

Flour, Confectionery, etc.

Barley	29 pkts.	Cake Mixture	35 pkts.
Wheat	6 pkts.	Wholemeal Flour	16 lbs.
Oats... ..	5 pkts.	Biscuits	340 lbs.
Oatmeal	61 lbs.	Chocolate Wafer Biscuits	20

Canned Goods.

Cans	Cans
Canned Meat, including	Canned Fruit, including
Bacon	Fruit Juices
Canned Fish	670
Canned Shellfish	Preserved Vegetables, Fruit
Canned Milk	Sauces, Chutneys,
Canned Vegetables, Meat	Pickles, etc.
and Vegetable Soups	33
504	Bottled Fruits
	66 bots.

Jams and Sweet Preserves.

Jars	28	Cans	84
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Miscellaneous Foods.

Suet	5 pkts.	Custard Powder	3 cases
Puddings	4 tins	Mustard	2 tins
Butter	11½ lbs.	Mincemeat	1 tin
Cooking Fat	4 lbs.	Junket	6 bots.

Gelatine	1 can	Sandwich Spread ...	3 jars
Soup Powder	6 pkts.	Crab Paste	6 tins
Meat & Fish Pastes	22 jars	Shrimp Paste	1 tin
Jellies	49 pkts.	Potted Meat	1 tin
Syrup	3 tins	Chicken	8 tins
Chocolate Spread ...	4 cartons	Rabbit	4 tins
Coffee & Cocoa		Cheese	246 segments
Products	3 tins	Cheese	137 packages
Toffee	24 lbs.		
Total number of containers ...		2,849	

During the year 108 containers representing a total weight of 1,443 lbs. of Imported Cooked Boneless Ham was dealt with by the Department as unfit for the purpose of sale.

This ham originated from various countries as follows :—

<i>Country of Origin.</i>					<i>No. of Containers.</i>		
Germany	49
France	24
Denmark	8
Poland	8
Italy	7
Belgium	5
Holland	4
South America	2
Australia	1
Total					108

Twenty-seven consumer complaints were received involving special investigation in connection with alleged unwholesomeness and doubt as to the genuineness and safety of the following foods :—

Stewing steak.	Milk.
Pork.	Cooked sausages.
Brawn.	Bread.
Canned cherries.	Bacon.
Shrimps.	Cooked lamb.
Canned ham.	Canned beans.
Sandwiches (cafe meal).	Eccles cakes.
Meat pies.	Sweets.
Chocolates.	Cake mixtures.

Twenty retailer complaints were received from tradesmen involving :—

Imported mutton carcasses.	Bacon.
Imported hind quarter beef.	Boiled ham.
Imported ox kidneys.	Butter.
Home killed hind quarter beef.	Chickens.
Home killed lamb.	Cooking fat.
Home killed cow beef.	Cheese.
Pigs' heads.	Shoulder bacon.
Cooked joint (beef).	Canned pork.
Pork.	

In addition to supplies of unsound meat and other foods officially dealt with and disposed of under the supervision of the

Department, other foodstuff was found on inspection at shop premises to have been received direct from the suppliers in an unsatisfactory condition, rendering it unsuitable for retail sale.

Such foodstuff was not normally the subject of condemnation certificates being issued, instead the food was allowed to be returned to the wholesale suppliers in order to facilitate replacement to the retailer and the settlement of any claim arising between the wholesaler and the primary supplier or producer.

In certain instances when meat supplies were involved, withdrawal was arranged in co-operation with the Wholesale Meat Supply Association for the meat in dispute and for a further supply to be allocated.

Owing to the acute meat supply position, however, it was not possible to resort to this procedure in all cases. Traders consequently were in certain circumstances obliged to retain for retail sale, meat which had formed the subject of complaint to this Department, but which on examination could not be regarded as being unfit for the purpose of sale for human consumption. The general condition of such meat was usually extremely poor, due mainly to deterioration caused by factors associated with prolonged storage and refrigeration.

Number of requests received to visit food premises from :—

Shops	...	...	...	235
Cafes	...	...	...	12
Hotels	...	...	...	3
Canteens	...	...	...	2
Total				252

Visits made to Food Premises	...	...	...	...	...	378
Visits made to Food Premises on reference from other Departments	...	...	...	...	...	10
Special visits and inspections made in respect of foodstuffs	...	...	...	...	...	75
Special visits made in connection with persons engaged in the handling of foodstuffs, and having been in contact with cases of Infectious Disease	...	...	...	...	...	1
Total						464

Certificates issued certifying foodstuff to be unfit for human consumption	623
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All food found to be unfit for human consumption was disposed of for processing and inclusion in animal feeding stuffs or for industrial refining purposes. Destruction was resorted to only when the food was considered to be unsuitable for either of these purposes.

Wallasey and Alfred Lairages.

Landing place for Irish and Isle of Man animals and foreign animals landing wharf.

The Lairage accommodation at this landing place, for most of the time during the seasonal cattle landings into Birkenhead housed a full quota of animals.

A shipping dispute involving the Irish steamers which prevailed for approximately a month, did, however, cause some cessation of work at this landing place.

Despite this, 31,391 cattle passed through the Wallasey and Alfred Lairages, and of this number 516 animals were, owing to their unfitness to travel, detained by the Veterinary Inspectors and ultimately slaughtered. Post-mortem examination of the carcasses and viscera was carried out by this Department and the following is a tabulation of the diseased conditions met with and the condemnations made:—

**Meat and offal condemned owing to the presence of disease—
Tuberculosis.**

	<i>Number.</i>	<i>Lbs.</i>
Carcases of cows and viscera	2	1,570
Sets of Lungs, including Hearts	31	682
Heads, including Tongues	19	817
Livers	6	120
Thick Skirt	10	40
Mesentary, including Intestines	2	70
Spleens	1	2
		<hr/>
		3,301

**Meat and offal condemned owing to the presence of disease other
than Tuberculosis.**

	<i>Condition found.</i>	<i>Number.</i>	<i>Lbs.</i>
Carcases of cows and viscera	Putrefaction — moribund specimen	3	2,110
Carcases of bullocks and viscera	Septicaemia	1	950
Whole Livers	Distoma, Cirrhosis, Abscess Formation and Cav. Angioma	227	4,540
Part Livers	Distoma and Cirrhosis...	91	364
Sets of Lungs	Cystic, Abscess Formation, Fibrous Tumour, Melanosis and Pneumonic conditions	27	432
Heads, including tongues	Actinomycosis	3	129
Heads, including tongues	Bruising	1	43
Spleen	Tumour	2	4
Hearts	Pericarditis	2	12
Mesentary, including Intestines	Inflammation	1	35
Kidneys	Suppuration	1	2
Thick Skirt	Oedema	1	4
			<hr/>
			8,625

In addition a liver, set of lungs, heart, head, tongue, spleen and tail were condemned owing to contamination. The weight of offal involved was 84 lbs.

Total weight of meat and offal condemned ... 12,010 lbs.

Owing to the lack of dissecting facilities at the Slaughtering Unit at this landing place, a number of carcasses found on post-mortem examination to be affected with localised diseased conditions, were forwarded under detention, to be dealt with by the Meat Inspection Officers at Woodside Lairages, Birkenhead.

220 visits were made during the year to the Slaughter House at this landing wharf.

EMERGENCY SLAUGHTER—PIGS.

Four pigs were slaughtered in emergency circumstances at pig-keepers' premises and the carcasses, together with viscera, were allowed to be conveyed to the Government Slaughter House, situated at Tranmere, Birkenhead.

On one occasion at the premises of a pig-keeper, six pigs were illicitly slaughtered by a person or persons unknown and the carcasses stolen. This matter has been the subject of police enquiry.

PUBLIC HEALTH (SHELLFISH) REGULATIONS.

Mussel and Cockle Beds—Wallasey Foreshore.

The Order made by the Liverpool Port Health Authority under the Public Health (Shellfish) regulations, 1934, which prohibited the taking of mussels and cockles for the purpose of sale for human consumption, from layings situated within the prescribed area, has been revoked.

A new Order has been made by the authority referred to, which has the effect of modifying the prohibition relating to the taking of shellfish. The new Order provides that a person shall not sell, or expose or distribute or offer for sale or have in his possession for the purpose of sale for human consumption any shellfish taken from within the prescribed area, unless such shellfish have been :—

- (i) subjected to a process of cleansing at an approved establishment ; or
- (ii) relaid in pure water for such period and in such places as may be approved ; or
- (iii) subjected to an approved process of sterilisation by steam under pressure.

On the foreshore situated within the Borough, shellfish generally have been scarce and difficult to obtain and the mussel beds have almost ceased to be productive.

No large scale collecting has been observed in this area during the year.

DISEASES OF ANIMALS ACTS AND ORDERS.

NOTIFIABLE CONTAGIOUS DISEASES OF ANIMALS.

Swine Fever Order, 1938.

One case of suspected Swine Fever was reported.

The owner was advised to obtain the services of a Veterinary Surgeon and the condition was subsequently diagnosed as Swine Erysipelas.

Other pigs similarly affected on the same premises were removed for immediate slaughter.

FOWL PEST.

No suspected cases of Fowl Pest were reported during the year.

Notices relating to control and restrictions imposed on the sale and handling of Live Poultry by the Ministry of Agriculture and Fisheries, were circulated in the local press and poultry keepers were informed by communication.

Some difficulty was experienced in the enforcement of a provision contained in a new Regulation which prohibited the sale of day-old chicks from premises other than hatcheries.

The sale of day-old chicks from such premises was subsequently stopped and there was no re-introduction of this type of trading.

REGULATION OF MOVEMENT OF SWINE ORDER, 1950.

During the year a total of 522 store pigs were brought into the Borough under licence from authorised markets held at Chester, Mold, Oswestry, Wrexham, Wigan and Beeston Castle. Other pigs purchased privately were also from time to time brought into the Borough.

Animals purchased in this manner, providing they do not originate from the premises of a "pig dealer" may be moved without licence. Pigs received into the Borough under licence must, after arrival, remain at the premises specified for a period of 28 days. Movement is permitted during the detention period only if it is necessary for the pigs to be moved to a collecting centre, bacon factory or slaughter house.

During the year 65 visits were made to pig-keepers' premises.

WARBLE FLY (DRESSING OF CATTLE) ORDER, 1948.

The provisions contained in this Order provide for the compulsory dressing of all cattle visibly infested with the Warble Fly Maggot.

The terms of the Order were brought to the notice of all farmers and stock owners, grazing cattle within the Borough.

Visits were made to pastures and premises during the compulsory dressing period.

Out of approximately 250 head of cattle, 31 were known to have been visibly infested and were dressed in accordance with the requirements of the Order.

RABIES (IMPORTATION OF DOGS AND CATS) ORDER, 1938-48.

Observations were made on inward bound vessels entering the Wallasey Dock system with a view to ascertaining the possibility of any infringement of this Order, in connection with the unlawful landing of dogs and cats.

Information was received concerning a suspected case of Rabies in a dog. The circumstances of the incident were investigated, but it was not considered necessary to serve a notice and there were no developments in this case.

FOOT AND MOUTH DISEASE.

During the early part of the year the Borough was included in a Foot and Mouth Disease Controlled Area, which was declared by Order of the Ministry of Agriculture and Fisheries and in which restrictions were imposed on the movement of all animals. Movement being authorised only under licence granted by the Local Authority.

The movement of lairage manure and slaughter house waste was also restricted.

SHEEP SCAB ORDER, 1938.

Dipping Regulations.

A number of ewes and lambs being grazed on land situated within the Borough had been gathered for dipping in compliance with the provisions contained in the Dipping Regulations made under the Sheep Scab Order, 1938, when it was found that the only available water supply was heavily polluted. It proved necessary to abandon the dipping operation.

The grazings were visited from time to time during the year and observations were made on various animals, which in addition to sheep and lambs, included cattle, horses, pigs and goats.

One owner was interviewed in connection with maggoting in sheep.

One owner was interviewed in connection with the Boiling of Animal Foodstuffs Order.

PROTECTION OF ANIMALS ACTS.

No complaints were received during the year necessitating action under this Act.

IMPORTATION OF ANIMALS ACTS, 1922.

A number of cattle which were landed from Ireland at the Port of Holyhead were moved under licence granted by the Minister of Agriculture and Fisheries to farm premises in this Borough.

The animals, on arrival at the farm, were detained for the requisite period in accordance with the terms of the Order.

NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948.

No applications for registration of premises were received. There were two premises on the Register at the end of 1951.

Routine inspections were made and advice given.

THE CHILDREN ACT, 1948.

For many years the medical staff of the Public Health Department have supervised the Children's Homes and given advice on medical matters whenever necessary.

With the coming into operation of the Children Act, 1948, the work was continued and extended on the lines laid down in Home Office Circular No. 193/49, which provides for consultations between Medical Officers of Health and Children's Officers in connection with medical questions concerning the provision and conduct of Local Authority Children's Homes.

Routine and special examinations, e.g., examination prior to boarding out : within the first month of boarding out and annual examinations of boarded out children are undertaken by one of the Medical Officer of Health's staff. Routine visits to the Children's Homes are made every three months.

Medical advice is given on administrative matters to the Officers in charge of the Institutions. The Matron is advised at the three-monthly visit by the Assistant Medical Officer of Health with regard to diet, health and hygiene, hours of rest, prevention and precautions against spread of infectious disease.

General policy and the medical aspects, and the planning of accommodation of new Homes are referred to the Medical Officer of Health.

All facilities of the Maternity and Child Welfare and School Health Services in Wallasey are available to the Home children when required. This includes dental care and treatment.

Very close liaison is maintained between the Public Health Department and the Children's Officer. Health Visitors visit homes and supply reports on the conditions found to the Children's Officer, when she requires this information. The reports are concerned with visits to Foster Mothers, adoptions, and, where necessary, to homes where conditions are thought to be unsatisfactory for the reception of boarded out children. Ninety-nine visits were paid during the year.

MEDICAL EXAMINATION OF EMPLOYEES.

The number of employees examined during the year, at the request of the various Departments, was 121. The Departments concerned were :—

Town Clerk	...	...	...	...	4
Education	...	...	...	...	20
Borough Treasurer	...	...	...	...	5
Borough Engineer and Surveyor	...	...	...	...	35
Public Health	...	...	...	...	8
Libraries	...	...	...	...	4
Water	...	...	...	...	3
Borough Architect	...	...	...	...	4
Housing	...	...	...	...	—
Motor Bus	...	...	...	...	22
Ferries	...	...	...	...	1
Children's	...	...	...	...	14
Magistrate's Probation Officer	1
					<hr/> 121

Children examined for Children's Officer 27

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REMOVAL AND DISPOSAL OF HOUSE REFUSE.

This work is carried out under the direction of the Borough Surveyor. There are no ashpits in the Borough. Particulars as to the quantities of refuse and salvage disposed of in the past year are as under :—

House, &c., Refuse—	T.	C.	Q.
Quantity tipped away	32,086	2	0
Salvage, &c., material	3,321	14	2
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	35,407	16	2
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Wet refuse collected in added areas and delivered to farms, 52 loads.

The Corporation's Observation Station at Harrison Park is recognised by the Air Ministry as a Climatological Station. Observations are taken morning and evening throughout the year, telegraphic reports thereon being forwarded to the Air Ministry daily throughout the year. These reports are intended, not only for the information of the Ministry, but also for distribution by the Ministry to various daily papers, with the result that Wallasey figures in the lists of those Health and Holiday Resorts whose daily weather reports are published in many of the well-known newspapers. The following table gives a summary of the readings for 1951 :—

Months	Mean 09.00 hrs. Tempera- ture	Rainfall in Inches.			Sunshine.			Number of days of Frost	Number of days of snowfall	Mean Barometer (inches)
		Total	Mean Daily	No. of days with .01 or more	Total (Hours)	Mean Daily	No. of days with sunshine			
January ...	38.9	2.04	.07	19	43.3	1.4	21	13	2	29.67
February ...	39.0	2.59	.09	19	69.7	2.5	26	20	1	29.49
March ...	39.2	4.59	.15	23	103.9	3.3	20	18	1	29.72
April ...	44.0	0.97	.03	11	187.0	6.2	28	2	1	29.92
May ...	49.5	2.75	.09	14	192.0	6.2	28	1	—	29.99
June ...	57.4	0.58	.02	9	241.8	8.1	28	—	—	29.99
July ...	61.2	1.29	.04	10	178.6	5.8	30	—	—	30.05
August ...	58.3	3.83	.12	17	135.4	4.4	29	—	—	29.75
September ...	57.3	2.31	.08	14	107.8	3.6	28	—	—	29.90
October ...	49.5	0.54	.02	7	93.2	3.0	24	1	—	30.09
November ...	48.5	6.51	.22	26	45.6	1.5	20	1	—	29.55
December ...	43.7	3.93	.13	23	37.2	1.2	20	9	—	29.85
Means Totals	48.9	31.93	.09	192	1435.5	3.9	302	65	5	29.83



PART V.



Sanitary Circumstances of the District
and
Report of the Chief Sanitary Inspector

SANITARY CIRCUMSTANCES OF THE DISTRICT AND REPORT OF THE CHIEF SANITARY INSPECTOR.

Introductory.

The report on the activities of the sanitary inspectors' section of the department is presented in substantially the same form as that used during the last five years. Some of its substance and the form of its presentation is designed for the non-technical reader, some for the technician ; parts of it are presented in the form required by ministers to departments of central government, and the whole of it is intended for the elected members of the council. Hence, the report is a mixed assembly of statistics and tabulations, precise analysis and reasonable approximation, detailed description and broad generalisation. The object of the report will thus be served if the individual reader finds in it something which satisfies his particular purpose or fosters his special interest.

It will be evident from an examination of the many sub-titles to this report that the sanitary inspectors' work is concerned with the influence of environment on man's individual and communal health. It will be apparent that this concern takes him into the home and the school, the cinema, the theatre, the shop and restaurant, the swimming pool and camping field, the hotel and the factory. It will be seen also that he is associated with such matters of communal interest as the control of infectious disease, the purity of water supplies and the control of rodents.

In work of such wide variety, it is not to be expected that a report covering a period as short as one year will disclose comprehensive changes and their beneficial effects ; it is only with the passage of many years that the final results of steady improvements in hygiene and sanitation can be observed and assessed. Further, it is seldom possible, in these times, to be able to point to a substantial achievement even in one part of the sanitary inspector's work during one particular year. The steady aggregation of new duties and extension of traditional functions have resulted in a situation whereby any special campaign in one sector is accompanied by a recession of activity in others. It is probably true to say that in existing conditions no major schemes of investigations, survey or improvement can be sustained in any one field unless the opportunity presents itself in the form of a reduced need for sanitary control in other fields. For example, the reduction in the number of householders' complaints referred to in this and the previous annual report has enabled greater efforts to be made by sanitary inspectors for the improvement of conditions and techniques in the food handling trades.

In view of these limitations of an annual report, it is enlightening to look back occasionally to ascertain whether or not any advances have been made in any direction. If we consider the last five years in Wallasey, we see that some achievements stand out of the solid background of daily routine :

37,000 items of disrepair in dwellinghouses have been remedied by the service of sanitary notices.

A detailed survey of all food premises has been completed ; the council has implemented new bye-laws relating to the handling, wrapping and sale of food in the open air. The

conditions in which the sale of food were undertaken on beaches and foreshore have been reorganised. 459 applications for Ministry of Food licences have been investigated and 77 recommended for refusal on the grounds of unsuitability of the premises.

Premises, techniques and equipment in the ice cream trade have been brought to a standard which is a model for other food trades. Sampling of ice cream, introduced for the first time in 1948, has been expanded up to 334 samples in 1951. The percentage of "unsatisfactory" samples has been reduced from 34% to nil.

The control sampling of water from public mains has been increased from 12 to 130 samples per year.

Checks on the chemical and bacteriological purity of the water in the three Corporation swimming pools have been introduced and developed to a satisfactory level.

The council have implemented new bye-laws for the regulation of the emission of smoke from industrial chimneys, and have established four stations for the measurement of deposits and sulphur dioxide. The annual number of smoke observations and visits to boiler plant has been doubled.

Infestation of rats in the sewer system has been reduced to a remarkably low level, the percentage of consumed baits to the number of manholes baited having fallen from 35.4% in 1944 to less than 1% in 1951.

The annual number of factory inspections has multiplied six times, and the statutory factories register has been completely revised.

The housing circumstances in relation to overcrowding and ill health of 4,728 families have been ascertained within the last three years and reports submitted to the Housing Department in connection with their applications for rehousing.

A detailed survey of all schools has been conducted and a report submitted to the Director of Education on the state of the schools as regards standards of sanitation.

It is only fair to say that these changes and improvements could not have been possible within existing staff resources but for the post-war suspension of substantial schemes of slum clearance. It is to be hoped that the gains which have been made will not be dissipated when the time comes for the diversion of staff to work concerned with the abolition and reconditioning of unfit houses. Nothing could be more discouraging to a keen staff than a failure to consolidate and perpetuate the products of their work.

It is significant that during this period of five years, changes in the inspectorial staff have been very small; only one inspector has left the services of the Corporation and he joined the Colonial Service. The fact that each inspector has continued advanced studies and obtained at least one additional technical qualification is also deserving of comment. The varied and extensive nature of their work is demonstrated by the number of selected establishments over

which one sanitary inspector exercises routine sanitary control. The figures given represent the arithmetic means of the various classes of premises, based on the existing staff establishment.

<i>Class of Premises</i>	<i>Mean number per Inspector</i>
Dwelling houses	4,000
Food shops	131
Food factories and bakehouses	12
Other shops	92
Ice cream premises	50
Licensed premises (hotels, etc.)	14
Cafes and canteens	23
Factories	48
Workplaces	20
Schools (departments)	7
Places of public entertainment	7
Licensed camping sites	1

The question of uniformity of staff establishments as between different local authorities is often discussed ; it was suggested as long ago as 1919 that one district inspector to each 10,000 of population was a reasonable general standard ; this compares with Wallasey's present establishment of one inspector to each 14,000 inhabitants. A standard based on population may be applicable if it is confined to districts of the same class and character, but complicated weightings would probably be needed to offset local variations in the number of premises of different kinds. Hence, a comparison of these ratios would be of great value and interest to those responsible for local sanitary organisation, if similar figures were made available for other districts. It is interesting to note that if the district inspectors in Wallasey were expected to make one spontaneous visit to each of the above premises (excluding dwelling houses) every six weeks, it would be essential that he should have no other duties to perform.

ABATEMENT OF NUISANCES AND REPAIRS TO HOUSE PROPERTY.

This work still continues to feature prominently in the daily routine of the sanitary inspector. A great proportion of the total number of "complaints" made to the department is lodged by householders who desire that the local authority should compel their landlords to execute repairs to the dwellinghouses occupied by them. It is the volume of these complaints which to a great extent determines the amount of spontaneous field work which each district sanitary inspector is able to undertake in the factory, school, theatre, cinema, food premises, shop, canteen, hotel or swimming pool ; the number of householders' complaints also acts as a limiting factor on the amount of time which each inspector is able to devote to such matters as smoke abatement, food hygiene and health education, food and water sampling, and to general routine inspection of the district to which he is assigned.

The matters with which the complaints are concerned vary in extent and significance ; but whether the alleged nuisance is concerned with minor paving to a yard surface or urgent structural dampness, to the person who is affected by it, it is of great importance and speedy service is expected. Thus, it has long been the established

practice in Wallasey and in probably all other districts in the country for recorded complaints to receive, if possible, daily attention as they arise, the remaining portion of the day then being available for routine environmental health tasks.

Only by this means can the sanitary officer meet the demands of the greater number of those who are actively seeking his services. But it is questionable whether he is thus making his full contribution to the common welfare, seeing that his attention to a vast number of individual personal interests is only possible at the expense of other work which would be more extensive in its effect, and probably of greater public health significance to the community as a whole.

Hence, the reduction in the number of householders' complaints is to be welcomed ; it may be a sign that the accumulation of war time disrepair is at last being reduced in houses which otherwise are of reasonable standard, and it permits an increase of effort in other fields. It is encouraging, therefore, to report that following reductions in the two previous years, the number of complaints has again fallen to 4,615 in 1951. Even so, this is still approximately double the pre-war annual figure, and entailed 18,015 visits by sanitary inspectors and the service of 4,454 notices. Though the reduction has made possible an expansion of work in other branches of sanitary inspection, existing staff resources do not permit of the introduction of any system of house-to-house inspections.

The extent of the work which has been executed, largely under the provisions of the nuisance sections of the Public Health Act, is indicated by the following schedule. It is generally agreed that the legal procedure is somewhat dilatory and often inconsonant with the urgency of many cases ; the Council seek to minimise the delay by delegating powers to the General Health Committee and by further delegation under Standing Orders in so far as urgent nuisances are concerned. Nevertheless, though the local authority might seek to expedite the issue of administrative authority to serve notices, the ensuing judicial and enforcement procedure still results in delay which future legislators may endeavour to abolish.

Dwelling Houses	<i>Notices</i>		
	<i>Served</i>	<i>Abated</i>	<i>Out-standing</i>
Roof Repairs	655	627	185
Gutters and Spout Repairs	517	491	121
External Walls and Chimney Repairs	325	309	93
Installation of Damp Proof Courses	107	85	33
Dampness	109	119	19
Yards : Paving and Repairs	88	122	15
Internal Walls and Ceiling Repairs	527	483	139
Doors : Repairs and Renewal	144	165	25
Windows : Repairs and Renewal	379	425	71
Floors : Repairs and Renewal	241	262	45
Sub-floor Ventilation	45	57	2
Rooms : Cleaning and Redecorating	24	30	1
Passages and Staircases : Cleaning and Redecorating	3	4	1
Staircase Repairs	9	6	3
Handrails : Repairs and Renewal	3	5	1

Fireplaces and Flue : Repairs and Renewal	209	205	37
Cooking Stoves : Repairs and Renewal...	4	4	—
Wash Boilers : Repairs and Renewal ...	1	2	1
Sinks, Lavatories : Repairs and Renewal	42	45	5
Baths : Repairs and Renewal	1	2	—
Waste Pipes : Repairs and Renewal ...	139	149	18
Provision and Improvement of Food Stores	—	1	—
Burst Water Pipe Repairs	128	121	16
Improvement and Reinstatement of Water Supply	77	78	5
Cleansing of W.C. Walls, etc.	—	2	—
Cleansing of W.C. Pans	6	7	—
W.C. Pans : Repairs and Renewal ...	140	141	19
W.C. Cisterns : Repairs and Renewal ...	181	194	17
W.C. Structures : Repairs and Renewal	122	111	36
W.C. Lighting : Repairs and Renewal ...	—	—	—
W.C. Ventilation : Repairs and Renewal	—	—	—
W.C. Doors : Repairs and Renewal ...	36	39	11
Provision of Additional W.C.s.	—	2	—
Soil Pipes : Repairs and Renewal ...	23	27	3
Clearing of Drains	288	284	4
Drain Repairs	30	33	6
Relaying of Drains	6	8	—
Emptying of Cesspools	—	—	—
Cesspool Repairs	—	—	—
Abolition of Cesspools	—	—	—
Disinfestation of Verminous Premises ...	7	6	1
Provision of Lighting	—	—	—
Drainer Boards : Repairs or Renewal ...	34	49	8
Improvement of Ventilation	180	178	39
Provision of Paving and Site Concrete ...	—	—	—
Total ...	4,830	4,878	980

General Environmental Public Health.

	<i>Notices Served</i>	<i>Notices Abated</i>	<i>Notices Outstanding</i>
Choked Sewers	13	13	—
Cleansing of Stables and Manure Pits ...	11	12	—
Stables, Manure Pits : Repairs and Renewal	2	2	—
Piggeries : Cleansing and Whitewashing	8	5	3
Piggeries : Repairs and Reconstruction...	3	3	3
Animal Nuisances	24	26	1
Removal of Offensive Accumulations ...	60	53	7
Cleansing of Ditches and Streams ...	1	—	1
Ditches and Stream Pollution	—	—	—
Cinemas, Dance Halls : Contraventions...	8	10	—
Offensive Trades : Contraventions ...	—	—	—
Schools : Urinals—Repairs and Renewal	—	—	—

Schools : W.C.s.—Repairs and Renewal	5	5	—
Schools : Other Nuisances	24	25	—
Public Conveniences	7	7	—
	<hr/> 166	<hr/> 161	<hr/> 15

Number of Notices Served.

	<i>Served</i>	<i>Abated</i>	<i>Out-standing</i>
Preliminary	3,145	3,054	462
Statutory	1,309	1,204	231
	<hr/> 4,454	<hr/> 4,258	<hr/> 693

Legal Proceedings.

No. of Nuisance Orders applied for	8
No. of Nuisance Orders obtained	8
Total amount of fines and costs	£10 17 0
No. of prosecutions for non-compliance with Nuisance Order	2
Total amount of fines and costs	£7 7 0

FOOD AND DRUGS ACT, 1938—HYGIENE OF FOOD PREMISES.

It has been possible during the year to extend the amount of time previously allocated to this work. Following the completion of the survey of all food premises in 1950, 3,975 visits were made during 1951 to food premises, in addition to those made to ice cream manufacturing premises, reported separately. This continues the gradual expansion in post war years, corresponding figures for each of the last five years being:—

1947	1,454 visits
1948	1,988 „
1949	3,308 „
1950	3,519 „
1951	3,975 „

One is not able to report that there has been such a marked change in the hygiene organisation of food premises as would be at once apparent to the casual observer. As was shown by the survey carried out in 1950, the task of the sanitary inspector in the immediate post-war years has been largely that of improving basic equipment and fundamental practices employed in the food handling trades. He has been concerned mainly with such simple matters as the provision of supplies of hot water sufficient for proper cleanliness, and the inculcation of simple principles such as the need for food handlers to wash their hands after using the sanitary convenience. It is a measure of the success of these efforts that since 1947, following direct action by the department, 256 systems of continuous hot water supply have been installed where none previously existed, or in substitution for such devices as kettles and gas rings, whilst 187 glazed earthenware sinks have replaced less suitable portable containers. It is an indication also of the need for hygiene control of such premises that on forty occasions it has been necessary for the inspecting officers to require the provision of towels and soap for use by food handlers. They also find it necessary regularly to advise on dish-washing methods. And though the sanitary inspector's efforts in this field

are conducted at the level of what is basic and essential, success is often not attained as easily as might be expected. In the early part of the year, for example, a survey of licensed premises disclosed that at 41 hotels no detergents or sterilants were used for the washing of beer glasses, and at 56 premises pipe lines were washed either in plain water or a solution of soda or salt. Encouraged by the published recommendations of a national organisation of the trade itself, an informal approach was made to the proprietors of the licensed premises, making the suggestion that the use of approved cleansing and sterilising agents might be introduced. At the end of the year plain water, or water containing soda or salt was still in use in 29 houses for the washing of glasses, and in 42 premises for the cleansing of beer pipe lines.

On the other hand, the value of modern detergents and sterilants is obtaining wider recognition in other trades ; demonstrations of their use and bacteriological tests of their efficiency have been arranged in the traders' premises and have invariably led to an extension of their use ; their employment is increasing, for example, in the butchery trade and in bakers' and confectioners' manufacturing premises. The use of sterilant/detergents has also been extended in the school meals service and the town hall kitchen.

That the work of the sanitary inspectors in this field has not been misdirected is supported by the virtual freedom from food poisoning during the year.

On only one occasion was it necessary to institute proceedings in the Magistrates' Court—an effort to remedy an alleged failure to observe hygienic practices. In this case, a prosecution was instituted under Clause 5 of the Byelaws relating to the Handling, Wrapping, Etc. of Food, and was concerned with an open-fronted fish shop. Evidence was given by the inspector that dust was visible on the fish exposed for sale ; the magistrates were not satisfied that an offence had been committed, and the case was dismissed.

In the second instance, information was laid for various alleged breaches of section 13 of the Food and Drugs Act, 1938, at a snack bar, including the offence of using a communicating room as a sleeping place. Before the case was brought to court, the alleged offender vacated the premises and the information was withdrawn.

No. of Food Businesses existing within the Borough at 31st December, 1951.

Classification according to the areas administered by the District Sanitary Inspectors.

Type	New Brighton	Wallasey	Moreton	Liscard	Egre-mont	Poulton	Sea-combe	Total
Bakers' Shops ...	9	14	9	17	13	10	16	88
Butchers' Shops ...	6	8	6	9	8	4	6	47
Butchers' Shops	12	16	13	20	26	11	11	109
Shops ...	8	7	6	7	7	6	7	48
Fish Shops ...	10	2	9	8	11	6	14	60
Grocers' Shops	16	19	13	24	32	15	19	138
Butchers' Shops ...	20	30	20	27	38	28	30	193
Shops ...	18	22	16	32	42	15	23	168
Al Shops ...	12	3	12	6	15	2	16	66
... ..	73	9	14	7	13	6	11	133
ed Premises	25	9	8	16	16	7	20	101
ouses ...	9	13	9	14	14	7	8	74
Manufacturing								
ises ...	1	—	1	1	1	2	6	12
Canteens and								
ng Centres ...	4	3	5	2	1	3	4	22
y and Nursery								
ool Kitchens...	—	—	2	1	2	—	1	6
aneous Premises	14	1	—	5	—	—	—	20
	237	156	143	196	239	122	192	1,285

In this classification, where premises are shared for the conduct of more than one type of trade, no account has been taken of trade unless it forms a substantial part of the business.

Inspections

	Visits
Cafes, restaurants	437
Bakehouses	336
Fried Fish Shops	213
Offensive Trades	—
Other Food premises	2,989
Total visits ...	3,975

Improvements Effected

	Notices Served	Notices Abated	Notices Outstanding
Bakehouses : Cleansed and limewashed...	17	17	4
Other contraventions remedied ...	17	13	6
Fried Fish Shops : Cleansed and lime-washed	8	8	—
General Sanitary Conditions improved	21	—	—
Other contraventions remedied ...	5	6	—
Cafes, Restaurants : Contraventions remedied	24	24	1
Other Food Premises : General Sanitary Conditions improved	79	112	11
Additional W.C.s provided ...	5	4	1
Hot and cold water supply provided	54	45	10
Soap, towels provided	9	12	—
Glazed sink provided	19	23	5
Sterilising equipment provided ...	1	1	—
Rooms cleansed	68	69	5
Rooms re-plastered	19	14	5
Clothes cupboards provided ...	6	5	1
	352	353	49

Applications for issue of Ministry of Food Licences

Visits made in connection therewith	...	...	59
Issues of licences approved	...	...	34
Issues of licences recommended for refusal	...	...	4

CONTROL OF ICE CREAM PREMISES.

The Annual Report for 1950 made mention of the steady improvement in equipment, premises and methods employed in the ice cream trade since 1947. It also recorded the remarkable change during 1950 in the number of ice cream samples which were placed in Grades I and II (the "satisfactory" grades) by the Ministry of Health's provisional Methylene Blue test of hygienic quality. The figures for 1951 are even more impressive. Every single sample, and every manufacturer qualified for a "satisfactory" grading according to the Ministry's recommended standards.

The sampling was done on a substantial scale; a total of 334 samples were submitted to test at the public health laboratory of the Medical Research Council in Birkenhead. 330 samples were placed in Grade I, whilst four were found to be in Grade II. No sample was placed in Grades III and IV, the "unsatisfactory" groups. Thus, 98.8% of all samples attained the highest possible grade, and even the remaining 1.2% were of satisfactory standard. One cannot visualise these figures ever being bettered, particularly when it is accepted that thermoduric (or heat resistant) organisms may influence the grading in a small proportion of samples, estimated at about 10%.

It is interesting to note that this improvement in graded hygienic quality has not been influenced by the alteration introduced during 1951 by the Public Health Laboratory Service, whereby a sample failing to reduce Methylene Blue in four hours is placed in Grade I, whereas four-and-a-half hours was the former line of demarcation between Grades I and II. All the Grade I samples during 1951 complied with the higher standard, and failed to decolourise Methylene Blue in four-and-a-half hours.

Additional incidental sampling during the year included samples taken of ice cream alleged by the consumer to have been the cause of a minor illness of the "food poisoning" type. The samples were placed in Grade I, and were free from staphylococcus aureus and other pathogenic organisms. Three random samples were also tested for preservatives which were found to be absent, and two iced lollies submitted to bacteriological examination were found to be satisfactory.

The sampling programme has been supplemented by an increased number of visits of inspection; 1,227 were made, by comparison with 1,026 in the previous year. The supervision of manufacturing processes has featured largely in these visits, and a distinct improvement in hygiene techniques has been achieved since the inception of the Regulations of 1947. All indicating and recording thermometers associated with heat treatment plants have been checked at least once during the year by the sanitary inspectors, employing the department's thermometers; these are of known accuracy as certified by the National Physical Laboratory. The use of the test thermometers supports the view that traders would be wise to arrange for a regular check on their indicating and recording thermometers.

ICE CREAM STATISTICS RELATIVE TO THE YEAR 1951

Registrations Approved during 1951

Sale only...	...	...	...	...	...	...	2
Sale and storage	...	...	...	...	...	...	34
Total ...							36

Registrations Refused

No applications for registration were refused during the year

Registrations Cancelled

Sale only...	...	...	...	...	...	...	7
Manufacture, storage and sale	...	...	...	...	...	...	—
Sale and storage	...	...	...	...	...	...	6
Manufacture and storage	...	...	...	...	...	...	1
Total ...							14

Number of Premises on Register at close of Year

Storage and manufacture	...	...	...	...	...	...	3
Sale only...	...	...	...	...	...	...	204
Storage only	...	...	...	...	...	...	2
Storage and sale	...	...	...	...	...	...	241
Manufacture, storage and sale	...	...	...	...	...	...	14
Manufacture and sale	...	...	...	...	...	...	3
Total ...							467

Visits of Inspection

Visits <i>re</i> applications for licences	...	...	...	...	...	...	46
Routine visits	...	...	...	...	...	...	1,181
Total ...							1,227

Improvements Effected

			<i>Outstanding from Previous Year</i>	<i>Notices Served</i>	<i>Notices Abated</i>	<i>Notices Out- standing</i>
Premises cleansed	...	...	—	—	—	—
General Sanitary conditions improved	...	...	—	2	2	—
Sterilising facilities installed	...	...	—	—	—	—
Other contraventions remedied	...	...	1	3	2	2

1951 ICE CREAM SAMPLING :

Classification by Method of Manufacture

Ice Cream sampled at point of sale, irrespective of source of manufacture or mode of packing.

Manufacture by Complete Cold Mix Method

GRADE	No. of Specimens within the Grade	Time taken to reduce Methylene Blue (hours)						Coli in 1/10th ml.	
		0-	$\frac{1}{2}$ -	$1\frac{1}{2}$ -	$2\frac{1}{2}$ -	$3\frac{1}{2}$ -	$4\frac{1}{2}$ -	Faecal Type	Non Faecal Type
1	26 (100.0)	—	—	—	—	—	26	—	2 (7.7)
2	—	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—
	26 (100.0)	—	—	—	—	—	26	—	2 (7.7)

Manufacture by Heat Treatment Method

GRADE	No. of Specimens within the Grade	Time taken to reduce Methylene Blue (hours)						Coli in 1/10th ml.	
		0-	$\frac{1}{2}$ -	$1\frac{1}{2}$ -	$2\frac{1}{2}$ -	$3\frac{1}{2}$ -	$4\frac{1}{2}$ -	Faecal Type	Non Faecal Type
1	304 (98.7)	—	—	—	—	—	304	1 (0.3)	10 (3.3)
2	4 (1.3)	—	—	—	1	3	—	—	—
3	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—
	308 (100.0)	—	—	—	1	3	304	1 (0.3)	10 (3.3)

Note : Figures in parenthesis denote percentages

Ice Cream Sampling, 1951

Classification of Samples by Location of Manufacture

Ice Cream Manufactured in Wallasey

Grade	Methylene Blue (Hours)						No. of Specimens showing B.Coli in 0.1 ml.				Staph. Aureus	
							Presumptive		Faecal			
	4½ hrs. or over	3½-4 hrs.	2½-3 hrs.	1½-2 hrs.	½-1 hr.	0.hrs.	Pre- sent	Absent	Pre- sent	Absent	Pre- sent	Absent
1	48	—	—	—	—	—	—	48	—	48	—	48
2	—	1	—	—	—	—	—	1	—	1	—	1
3	—	—	—	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—	—	—	—
Total	48	1	—	—	—	—	—	49	—	49	—	49

Ice Cream Manufactured outside Wallasey

1	282	—	—	—	—	—	12	270	1	281	—	282
2	—	2	1	—	—	—	—	3	—	3	—	3
3	—	—	—	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—	—	—	—
Total	282	2	1	—	—	—	12	273	1	284	—	285

Ice Cream Samples, 1951

Results Classified according to Identity of Manufacturer

Ice Cream sampled at point of sale within the County

Borough District of Wallasey during 1951.

Factories outside Wallasey

Manu- facturer Code No.	No. of Samples examined	No. of Samples in Provisional Grades				Grading of Manu- facturer by Ministry of Health recom- mended Standards	
		Grade 1	Grade 2	Grade 3	Grade 4	Satis- factory	Unsatis- factory
1	19	19	—	—	—	*	—
2	14	14	—	—	—	*	—
3	4	4	—	—	—	*	—
4	19	19	—	—	—	*	—
5	28	26	2	—	—	*	—
6	5	5	—	—	—	*	—
7	12	12	—	—	—	*	—
8	39	39	—	—	—	*	—
9	2	2	—	—	—	Not Classified	—
10	1	1	—	—	—	Not Classified	—
11	13	13	—	—	—	*	—
12	19	19	—	—	—	*	—
13	2	2	—	—	—	Not Classified	—
14	38	38	—	—	—	*	—
15	27	26	1	—	—	*	—
16	1	1	—	—	—	Not Classified	—
17	40	40	—	—	—	*	—
18	2	2	—	—	—	Not Classified	—
	285	282 (98.9)	3 (1.1)	—	—	13 (5 Not Classified)	—

Factories located in Wallasey

Manu- facturer Code No.	No. of Samples examined	No. of Samples in Provisional Grades				Grading of Manu- facturer by Ministry of Health recom- mended Standards	
		Grade 1	Grade 2	Grade 3	Grade 4	Satis- factory	Unsatis- factory
1	6	6	—	—	—	*	—
2	6	6	—	—	—	*	—
3	10	9	1	—	—	*	—
4	7	7	—	—	—	*	—
5	6	6	—	—	—	*	—
6	2	2	—	—	—	Not Classified	—
7	5	5	—	—	—	*	—
8	1	1	—	—	—	Not Classified	—
9	6	6	—	—	—	*	—
	49	48 (98.0)	1 (2.0)	—	—	7 (2 Not Classified)	—

NOTES.—1. Manufacturers numbered 9, 10, 13, 16 and 18 in Table I above and 6 and 8 in Table II are not classified owing to the insufficient number of samples taken.

2. Figures in parenthesis denote percentages.

ADMINISTRATION OF SHOPS ACT, 1950

During the year it was found possible to effect 5,632 complete inspections of shops, necessitating the service of 553 notices. Reinspections numbering 824 were made to ensure compliance with notices, and it was ascertained that the following improvements had resulted :—

Notices Served, etc.

Number of notices served	...	...	...	...	553
Number of contraventions discovered	...	...	...	...	706
Number of contraventions remedied	...	...	...	...	654

Nature of Contraventions remedied

Section 17 (2) Provision of Assistant's Half-holiday Card	...	...	...	...	28
„ 37 (1) „ „ Seats for Female Employees	...	...	...	...	—
„ 1 (3) „ „ Half-day Closing Notice	...	...	...	...	377
„ 13 (1) „ „ Mixed Trades Notices	...	...	...	...	6
„ 38 (1) (a) Suitable and Sufficient Ventilation	...	...	...	...	2
„ „ (b) Maintenance of Reasonable Temperature	...	...	...	...	1
„ 38 (2) Provision of Sanitary Accommodation	...	...	...	...	5
„ 38 (3) Sanitary Accommodation cleansed and repaired	...	...	...	...	84
„ 38 (4) Provision of Suitable and Sufficient Lighting	...	...	...	...	—
„ 38 (4) Provision of Washing Facilities	...	...	...	...	13
„ 38 (5) Provision of Facilities for Meals	...	...	...	...	—
„ 32 (1) } Provision of Documents (Young Persons)	...	...	...	...	97
„ 32 (2) }	...	...	...	...	...
Other documents provided	...	...	...	...	37
General sanitary conditions improved	...	...	...	...	7

Sunday Trading

Section 22 (3) Provision of Records of Sunday Employment	...	...	...	...	1
„ 50 Mixed Trades Notices...	...	...	...	...	1
„ 53 Registrations Revoked	...	...	...	...	—

Hours of Employment

Contraventions detected and remedied	...	...	...	...	—
					659

Legal Proceedings

Number of contraventions noted	...	...	...	...	3
„ „ warnings issued	...	...	...	...	3
„ „ prosecutions instituted	...	...	...	...	—

HOUSING

Clearance and Demolition Orders

Between 1947 and 1950 it was found necessary to secure the demolition of an average of nine unfit houses each year, despite the fact that the extreme local and national shortage of houses ordained that slum clearance should be undertaken in exceptional circumstances only. During 1951, it was not found possible to take action to effect demolition of even this scant number of unfit properties. Two houses—49, Borrowdale Road and “Marsland,” Bermuda Road—were demolished as a result of undertakings accepted in 1950, and one house—“Grafton,” Pinetree Grove—was demolished following the acceptance in 1951 of a similar undertaking. A displacement of nine persons was involved. One house—1 Garrick Avenue—was demolished to complete the clearances of all buildings in the Wallasey (No. 67) Clearance Order of 1950 which entailed the rehousing of eleven persons.

Otherwise, during 1951, implementation of the demolition provisions of the Housing Act remained at a standstill. No final decision was taken by the Council in respect of the group of houses in Conway Street quoted in the last Annual Report as having been represented in 1950. Consideration by the Housing Committee of the question of the provision of alternative housing accommodation for persons who would be displaced from these houses remained deferred throughout the year, to await a review of the Council's general policy on the rehousing points scheme. Meetings of a special sub-committee of the Housing Committee were held during the year on this subject, and the Medical Officer of Health and Chief Sanitary Inspector were invited to be present. At the close of the year no final decision had been made, but at the time of writing it is known that the Council's points scheme for rehousing has been replaced by a group-plus-points scheme which includes the allocation of a number of houses for the rehousing of persons to be displaced from buildings which are made the subject of clearance orders, demolition orders or closing orders.

This will enable a very modest start to be made on the demolition of the worst of the houses which are unfit for human habitation. The exact magnitude of the problem is not fully realised, and cannot be, without a detailed housing survey, the execution of which does not present itself as an immediate prospect. But some indication of its extent can be derived from the fund of knowledge built up by the sanitary inspectors who have toured their districts over a period of years. By this means it is estimated that there are in the neighbourhood of 600 houses which are unfit for human habitation to such a degree as to require demolition, on the basis of superficial examination and having regard only to pre-war standards of minimum fitness. It would not be possible, without an increase in the number of sanitary inspectors, to survey in detail this number of houses. The practical value of carrying out such a survey would be minimised by the impossibility of rehousing more than a few of the families for whom alternative accommodation would have to be provided. Hence, the number of houses which the Council is likely to allocate for this purpose would not seem to necessitate the introduction of a large-scale housing survey. But at least it will render possible, it is hoped, the removal of the worst of the town's unfit properties.

Progress Report of Action under Housing Acts, 1930-1949

Position as at 31st December, 1951

	No. of dwelling-houses demolished		Number of persons displaced
	Unfit houses	Other houses	
(1) Land coloured " pink "	701	—	1,581

Unfit Houses not included in Clearance Areas

	Number of houses	Number of persons displaced
(1) <i>Housing Act, 1936</i> —		
(a) Houses demolished as a result of formal procedure under Sec. 11 ...	279	931
(b) Houses demolished as a result of informal notices preliminary to formal procedure under Sec. 11 ...	79	96
(c) Houses closed in pursuance of an undertaking given by the owners under Sec. 11 ...	3-	8
(d) Parts of buildings closed (Sec. 12)...	9	7
(e) Houses made fit—		
(i) as a result of formal notices under Sections 9 to 12 ...	186	—
(ii) as a result of informal notices preliminary to formal procedure under Sections 9 to 12 ...	851	—
(2) <i>Housing Act, 1949</i> —		
(f) Closing Orders made under Section 13 (1) ...	—	—
(g) Demolition Orders determined and Closing Orders substituted under Section 3 (2) ...	—	—
(h) Demolition Orders quashed under Section 2 ...	—	—

Rent and Mortgage Interest (Restrictions) Acts, 1920-39

During the year one application for a Sanitary Certificate was made by a tenant on the grounds that his house was not in a reasonable state of repair. Almost three weeks before the application was made an abatement notice had been served upon the owner of the premises and the works required by the notice were in hand when the application was considered by the General Health Committee. In these circumstances the application was refused.

Overcrowding and Allocation of Tenancies

The amount of work undertaken by the department in connection with the Council's points scheme for rehousing is still substantial. During 1951, investigations were carried out on behalf of the Housing Committee in respect of 1,020 families; 850 of the families were

applicants for rehousing priority on the grounds of alleged overcrowding ; in 170 cases, applicants claimed absolute priority on medical grounds. An analysis of these cases is given in the following table :—

Housing Applications, 1951

Analysis of 1,020 families investigated as a result of references from Housing Department

	Overcrowded		Not over-crowded	Applications on Medical Grounds			
				Tuberculosis		Other Cases	
	Modified	Statut'y		Approved	Rejected	Approved	Rejected
ants... ..	21	31	333	6	4	2	26
o-Tenants liv- g in rooms ...	111	183	171	18	35	6	73
als	132	214	504	24	39	8	99

N.B. (i) *Modified overcrowding is held to exist when the number of units is **equal** to the permitted number as defined in the Housing Act, 1936.*

(ii) *In assessing both statutory and modified overcrowding, a child under 12 months of age is computed as half a unit.*

During the year the essential features of the points scheme remained unaltered ; overcrowding still continued to be the basic requirement for priority, and absolute priority on health grounds was continued on the strict basis of “ *Imperative* ” need. The qualifying dates for overcrowding points remained at 30th June, 1948, in the case of modified overcrowding, and 31st March, 1949, in the case of statutory overcrowding.

With minor modifications, this has been the basic policy of the Council on the selection of tenants for Council houses since 1948. It was apparent in the early part of 1951 that the allocation of the major proportion of available houses in accordance with an assessment of need based on a single factor—overcrowding—had resulted in substantial relief of overcrowding by reference to both the number and severity of cases. The Housing Committee therefore examined the advisability of replacing the existing scheme on the lines of the plan contained in the report of the Scottish Housing Advisory Committee, whereby applicants would be placed into one of four groups and rehousing would be canalised into four parallel streams, priorities to be determined separately within each group. To this end, a sub-committee of the Housing Committee was established and a number of meetings was held during the year, culminating in the adoption by the Council in December of a “ *Group-Plus-Points* ” scheme, to be operative as from the 1st March, 1952. This scheme embraces the allocation to each of five groups of a proportion of all housing accommodation available for letting and a systematised allocation of points in respect of specified factors. At the end of the year, a determination of the percentages of housing accommodation to be assigned to each group had not been made. The groups are defined within the scheme to be :

- Group I. The "Overcrowded Group": being applicants not in Group III residing in accommodation which is overcrowded.
- Group II. The "Sub-tenants Group": being applicants not in Group III residing in rooms not overcrowded.
- Group III. The "Health Group" includes all families where the Medical Officer of Health certifies that a member is suffering from :—
- (i) infective pulmonary tuberculosis ; or
 - (ii) other diseases or physical disability such that the said member or other members of the family would derive special benefit from re-housing.
- Group IV. The "Badly Housed Group": being persons not in any other group who are occupying premises within the borough represented by the Medical Officer of Health as being substandard, unsatisfactory or insanitary housing accommodation.
- (Note: This group includes persons living in premises which it is proposed to demolish as being unfit for human habitation under clearance orders, demolition orders or otherwise).
- Group V. The "Emergency Group": being all cases rehoused by Resolution of the Council at their absolute discretion. The powers under the provisions in this group shall only be exercised in exceptional circumstances.

The revised scheme is an attempt to assess different kinds of need for rehousing and to allocate to each category a relative proportion of available housing accommodation. The conditions governing inclusion in the overcrowded group are slightly altered so as to widen the group, having regard to the achievements of past policy. The qualifying date is advanced to the 31st December, 1949, and the inclusion of a child under one year of age as a half of a unit is preserved. The statutory computation of the "permitted number" is altered by the deduction of half a unit if the accommodation comprises two rooms and of one unit if it comprises three rooms or more.

Similarly, the Health Group is broadened in scope by the substitution of "special benefit" for the "imperative need" of the previous scheme

The final result of these changes on the environmental and personal health of many families depends largely on the percentages of houses which are allocated to the several groups. In the next annual report the opportunity will be taken to review the operation of the scheme during its first year.

Provision of New Houses

The Borough Architect has supplied the following details of the progress made in the provision of new houses :—

	During 1951	Post War Period incl. 1951	In Progress 31/12/51
Houses erected by private enterprise	61	698	44
Houses erected by Local Authority	280	1,679	352
Blitzed houses rebuilt	—	56	—

Flat conversions are not included in the above figures.

INSPECTION OF FACTORIES

An abstract of the work carried out under the Factories Act, 1937, is given below in the form required by the annual report to the Minister of Labour and National Service. Routine inspections during 1951 totalled 984, an increase of 26% over the figure of 784 for 1950 ; correspondingly, the number of notices served during 1951 was almost double that of 1950.

Administration of the Factories Act, 1937

Inspections for Purposes of Provisions as to Health

Premises	No. on Register	Number of	
		Inspections	Written Notices
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced	52	120	7
Factories not included in above in which Section 7 is enforced by the Local Authority	266	849	35
Other premises in which Section 7 is en- forced by the Local Authority (excluding out-workers premises	17	20	4
Totals	335	989	46

Cases in which defects were found

Particulars	Found	Remedied	Referred	
			To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1) ...	5	3	—	—
Overcrowding (S.2) ...	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4) ...	—	1	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—
Sanitary Conveniences (S.7) :—				
(a) Insufficient ...	6	5	—	1
(b) Unsuitable or defective ...	45	37	—	—
(c) Not separate for sexes ...	—	1	—	—
Other offences against the Act (not including offences relating to Outwork) ...	17	6	12	—
Totals ...	73	53	12	1

Outwork

Wearing apparel-making, etc.	Number of outworkers in August list required by Section 10 (1) (c) ...	4
	Visits made ...	12

WATER SUPPLY**Town Area Supply***Quantity*

The total consumption of water in the town area represented 36.1 gallons per head per day, of which 26.7 gallons was for domestic purposes, 0.54 gallons for shipping and 8.86 gallons for industry and commerce. The equivalent of 0.3 gallons per head per day was used by the Cleansing Department.

Source and Treatment

The source of supply, which was described at length in the report for 1950, continues to comprise a bulk supply from the Birkenhead Corporation's Lake Alwen reservoir and a similar supply from the Corporation's borehole at Liscard. The Lake Alwen water is treated by flocculation, filtration and precautionary sterilisation by chloramine. The borehole water is softened and chlorinated.

Chemical and Bacteriological Examination

Routine sampling of the supply both at the Seaview Road Pumping Station and at numerous points of distribution in the Borough was carried out by the staff of the Water Department and by sanitary inspectors. 153 samples were subjected to bacteriological examination and 75 to full chemical analysis by the Water Department. Average results of 72 chemical examinations carried out by the Water Department were as follows :—

	<i>Parts per 100,000</i>				
Total hardness	8.0
Total Solids	27.3
Free Ammonia	0.001
Albuminoid Ammonia	0.005
Nitrogen as nitrates	0.09
Oxygen absorbed in 3 hours at 37°C.	0.095
pH Value	6.8
Chlorides...	8.0
Lead	Absent
Copper	Absent

Iron appeared in traces in a small number of samples especially in areas where pipe-cleaning operations had previously been carried out.

The average results of 120 samples submitted by the Water Department analyst to bacteriological examination were :—

Bacteria per c.c. 2 days at 37°C. ...	...	...	7
3 „ „ 22°C. ...	...	...	3
B. Coli per 100 c.c. ...	...	...	Absent
Coliform organisms per 100 c.c. ...	...	...	Absent

Results of 40 samples taken by sanitary inspectors of untreated water at the borehole in Seaview Road and submitted to the Public Health Laboratory Service are as follows :—

Details of Bacteriological Samples

No. of Organisms	No. of samples		
	2 days at 37°C.	Pres. Coli.	Faecal Coli.
0	36	36	38
1–	3	1	—
5–	—	3	2
10–	1	—	—
50–	—	—	—
	40	40	40

In addition, 52 samples were taken by sanitary inspectors of the town's supply at various distribution points throughout the Borough. Results are summarised in the following table :—

No. of Organisms	No. of samples		
	2 days at 37°C.	Pres. Coli.	Faecal Coli.
0	47	50	51
1–	3	2	1
5–	1	—	—
10–	1	—	—
50–	—	—	—
	52	52	52

Two samples taken by sanitary inspectors were submitted for full chemical examination and a further sample was tested for contamination by poisonous metals. This latter sample was free from contamination. Specimen report of the City Analyst was as follows :—

“ Analytical results expressed in parts per million :

Total solid matter in solution	...	...	340.0
Oxygen required to oxidise in 15 minutes	...	...	0.46
4 hours	...	...	1.13
Ammoniacal nitrogen as N.	...	...	0.01
Albuminoid nitrogen as N.	...	...	0.04
Nitrous nitrogen as N.	...	...	None
Nitric nitrogen as N.	...	...	1.1
Combined chlorine	...	...	104.0
Total Hardness	...	...	106.0
pH value	...	...	6.8

The sample was clear, faintly yellow and odourless. It contained only a minute trace of suspended matter which consisted of vegetable debris, hydrated oxide of iron and particles of siliceous matter.

The results of analysis indicate a mixture of upland surface and deep well water, free from pollution with organic matter of animal origin, suitable for drinking and domestic purposes.”

Saughall Massie Supply

284 dwellinghouses in the extreme western end of the Borough receive their water supply from the West Cheshire Water Board. This water is obtained from deep wells at the Board's pumping stations with auxiliary supplies from Birkenhead as and when required. All water is subject to treatment by either simple chlorination or chloramination. On the basis of consumption throughout the entire area supplied by the Board, the total consumption per head per day is 48.5 gallons, of which 17.5 gallons were metered.

During the year 26 samples of water were submitted by the Board to the Counties Public Health Laboratories, London, S.W.1, for bacteriological examination and gave the following results :—

No. of Colonies (on Agar)	Number of Samples		
	3 days 20°C.	1 day 37°C.	2 days 37°C.
0 ...	20	23	22
1- ...	3	1	2
5- ...	2	1	—
10- ...	—	—	1
50- ...	—	*1	1
500- ...	—	—	—
1,500 ...	1	—	—
	26	26	26

* Intermediate type I.

Presumptive coli	...	...	...	Absent in all samples
Confirmatory B. Coli	...	...	..	..
B. Welchii	...	...	..	..

An average of the quarterly chemical examination of the water is as follows (results in parts per million) :—

Appearance	...	...	Bright with very few mineral particles.
Colour	...	...	Nil
Turbidity	...	...	Less than 3
Odour	...	...	Nil
pH reaction	...	...	7.3
Electric conductivity	...	...	577
Chlorine present as Chloride	...	...	7.3
Hardness : Permanent	...	...	78.3
Temporary	...	...	170
Total	...	...	248.3
Nitrate Nitrogen	...	...	2.7
Ammoniacal Nitrogen	...	...	0.012
Albuminoid Nitrogen	...	...	0.000
Free Carbon Dioxide	...	...	12.3
Total solids	...	...	387
Alkalinity as Calcium			
Carbonate	...	...	170
Nitrite Nitrogen	...	...	Less than 0.01
Oxygen absorbed	...	...	0.00
Residual Chlorine	...	...	Absent
Iron	...	...	Less than 0.03
Other metals	...	...	Absent

During the year 38 samples of water were taken by sanitary inspectors and submitted to the Public Health Laboratory Service, Birkenhead, for bacteriological examination. In one of these samples a presumptive coliform count of three was made but the confirmatory test was negative. In one other sample the plate count after incubation for two days at 37°C. was 12. The remaining 36 samples were negative in all respects.

SEWERAGE AND DRAINAGE

The water carriage system of drainage is used in all except small outlying districts of the Borough, chemical closets being found in occasional houses where sewer facilities are not within 100 feet. In such cases, a collection service is undertaken by the Corporation. Septic tanks and cesspools are also in use at a number of houses in this western part of the district, where the separate system of drainage is in operation. Crude sewage from the main town sewers is discharged into the River Mersey and its estuary at suitable points. A small sewage disposal plant is in use at the western end of the county borough district.

There are still many members of the public who regard the sanitary inspector as one who spends almost the whole of his working hours investigating the evil effects of bad drainage. The rapid development of modern water-carriage systems of drainage, taking place at the same time as was a vast extension of the knowledge and conception of sanitary science has resulted in the sanitary inspector devoting a progressively lessening proportion of his time to drainage and allied matters, and has drawn him into other fields which have demanded a study of new knowledge and new techniques. This should be evident from the other sections of this report, but it

is interesting to observe that on the average, each sanitary inspector made only two visits each week in connection with drainage. The purpose and results of these visits are to be seen in the following analysis :—

House Drainage

Visits by sanitary inspectors in connection with same ...	581
Drains cleansed from obstruction after service of notice...	284
Minor repairs effected to existing drains	30
Entire reconstruction of existing drains	1
Partial reconstruction of existing drains	9
Drain Tests : (a) Smoke	24
(b) Water	6
(c) Colour	53
Cesspools emptied after service of notice	—
Cesspools repaired	—
Cesspools abolished	—
Choked sewers referred to Borough Engineer	21
Ditches and watercourses inspected	16
Ditches and streams cleansed	—
Ditches and streams—pollution remedied	—

RODENT CONTROL

Sewer Maintenance Treatment

The execution of two sewer maintenance treatments for the eradication of rats was continued during the year. On the occasion of the first treatment, 2,628 manholes were baited, of which 41 showed prebait takes and 30 complete takes, on one or both of the days when bait was applied. At the same time, 272 test baits were laid in the remaining parts of the sewer system, which from the records of previous treatments were estimated to be free from infestation ; none of the test baits were taken by rats. The result of this treatment is consistent with a hypothesis that the rat population of the sewer system has been reduced to a remarkably low level, lower even than the most optimistic technician could have anticipated when the systematised treatment of sewers was introduced on the lines suggested by the Ministry of Food in 1944. For the first time since the introduction of comprehensive sewer treatments, the rat infestation can be seen to have been resolved into a few moderately well defined colonies, thus enabling subsequent sewer treatments to be localised, with a resultant economy in direct expenditure on this service. As a consequence of the results of the first treatment in 1951, the second treatment only necessitated the baiting of 363 manholes, in which the recorded prebait takes were 90 and the complete takes were 77.

Some indication of the general trend in the sewer rat population, and of its remarkable reduction, can be obtained from the successive annual figures of the number of pre-bait takes expressed as a percentage of the number of manholes in the sewer system :—

<i>Year</i>	<i>Percentage</i>
1944	35.4
1945	16.9
1946	24.7
1947	6.5
1948	4.1
1949	3.8
1950	5.1
1951	0.73

Surface Infestations

Over the whole year, 335 complaints of infestation were received and dealt with, compared with 553 in 1950. This reduction in the number of complaints of alleged rodent infestations is possibly a reflection of the estimated reduction of the sewer rat population previously discussed. It has enabled an extension of spontaneous inspections for the search of different types of premises which are commonly regarded to be prone to infestation. Visits of inspection during the year totalled 4,234, compared with 4,283 in 1950. A tabulation of the control measures is reproduced in the form required by the Minister of Agriculture and Fisheries.

Prevention of Damage by Pests Act, 1949

	Type of Property				
	Local Authority	Dwelling-houses	Agricultural	All other (incl. Business) & Industrial	Total
Total No. of properties in Local Authority's District (Notes 1 and 2)	146	27,928	55	3,806	31,935
No. of properties inspected by the Local Authority during 1951 as a result of					
(a) notification or	(a) 16	193	Nil	67	276
(b) otherwise (Notes 1, 2 and 3)	(b) 38	232	11	144	425
No. of properties (under II) found to be infested by rats (Notes 1, 2 and 3)	Major 9	Nil	Nil	12	21
	Minor 9	19	Nil	22	50
No. of properties (under II) found to be seriously infested by rats (Notes 1, 2 and 3) ...	Nil	Nil	Nil	Nil	Nil
No. of infested properties (under III and IV) treated by the Local Authority (Notes 1, 2 and 3)	18	15	Nil	27	60
No. of notices served under Section 4 :—					
Treatment	Nil	Nil	Nil	Nil	Nil
Structural Works (i.e. Proofing)	Nil	Nil	Nil	Nil	Nil
Total	Nil	Nil	Nil	Nil	Nil
No. of cases in which default was taken by Local Authority following issue of notice under Section 4	Nil	Nil	Nil	Nil	Nil
Legal proceedings	Nil	Nil	Nil	Nil	Nil
No. of "block" control schemes carried out	1	—	—	—	—

NOTES

Note 1. A property means a property separately entered in the Valuation Roll for the area.

- Note 2.** Council houses should be included under Dwelling Houses. Premises used by Local Authority for purposes of trade should be included under Business or Industrial Premises. Sewers should not be included. Only properties devoted to agricultural or horticultural production should be included under Agricultural Properties. Combined dwelling and business premises where occupied by the same person should be included under Business Premises otherwise they should be entered separately.
- Note 3.** II, III, IV and V in each case relate to the **number of properties** inspected as defined in Note I and **not** to the number of inspections, infestations or treatments at each property.

PUBLIC HEALTH CONTROL OF SWIMMING BATHS

It was found possible during 1951 to further extend the measures of public health control of the Corporation's three swimming pools, as distinct from the day-to-day safeguards practised by the staff of the department of the Borough Engineer and Surveyor. 42 visits of inspection were made by the sanitary inspectors, who carry out tests for the estimation of available chlorine additional to those performed by the plant operators.

At Guinea Gap Baths, the residual chlorine varied between 0.3 and 0.5 p.p.m. at all times throughout the year. This was not the case at the two open-air baths—New Brighton Pool and Derby Pool. At the former bath, the residual chlorine did not exceed 0.1 p.p.m. at the outlet end during a succession of tests on different days, and the readings at the western end of the pool were consistently found to be below the recommended minimum. Similarly, at Derby Pool, there was no trace of residual chlorine at the deep end on five occasions, whilst on two occasions no residual chlorine was detected at the inlet end. It would appear that these chlorine states may have occurred during periods of poor patronage when, for reasons of economy, the circulation and chlorination of the swimming bath water were discontinued in the absence of bathers during bad weather. Representations to the Borough Engineer and Surveyor resulted in instructions being issued concerning the need on public health grounds for prior circulation and chlorination in anticipation of bathing loads.

Though the intended margin of safety derived from the presence of residual chlorine has been less at these two pools than that recommended as an ideal standard, the results of bacteriological examination of a series of samples are indicative of effective sterilisation. It is significant, however, that the highest standards of bacterial purity are attained at Guinea Gap Baths, where associated problems are least, and where, to all intents and purposes, sterilisation and circulation are continuous.

The details of 52 samples submitted to bacteriological examination are given in the following tables ; chemical examination of the water from each pool has been carried out and a typical result is given.

Derby Pool.

No. of Organisms	No. of Samples		
	2 days at 37°C	Pres. coli	Faecal coli
0	6	10	11
1-	1	2	1
5-	3	—	—
10-	2	—	—
50-	—	—	—
	12	12	12

New Brighton Pool.

No. of Organisms	No. of Samples		
	2 days at 37°C	Pres. coli	Faecal coli
0	5	11	11
1-	1	—	1
5-	5	—	—
10-	1	1	—
50-	—	—	—
	12	12	12

Guinea Gap Baths.

No. of Organisms	No. of Samples		
	2 days at 37°C	Pres. coli	Faecal coli
0	3	26	29
1-	3	3	—
5-	6	—	—
10-	13	—	—
50-	2	—	—
100-	1	—	—
250-	1	—	—
	29	29	29

Chemical Examination—Specimen Analysis.

“Guinea Gap Swimming Baths, First Class Plunge.”

Analytical results expressed in parts per million :

Total solid matter in solution	...	...	23,000.0
Oxygen required to oxidise in 15 minutes	...	...	0.22
“ “ “ “ “ 4 hours	...	...	0.55
Ammoniacal nitrogen as N.	...	...	0.18
Albuminoid nitrogen as N.	...	...	0.34
Nitrous nitrogen	...	...	none
Nitric nitrogen as N.	...	...	minute trace
Combined chlorine	...	...	11,750.0
pH value	...	...	6.9

SMOKE ABATEMENT AND MEASUREMENT OF ATMOSPHERIC POLLUTION.

Atmospheric Pollution.

Since April, 1950, continuous observations of atmospheric pollution have been made at the following points in the Wallasey area : Oakdale Road, Poulton Junior School, Saughall Massie and Seaview Road. Two instruments are installed at each site, a deposit gauge, for measuring the total amount of matter deposited from the air during a period of one month, and a lead-peroxide instrument, for measuring the concentration of sulphur dioxide in the air. This is the first report which has been made on the subject of measurement of atmospheric pollution in Wallasey.

Deposited Matter.

The amounts of grit, ash and other deposits collected by the deposit gauge vary considerably from month to month. These variations are partly due to changes in the rate of emission of pollution, but they are caused to a greater extent by changes in wind direction and rainfall, and by casual errors. In order to eliminate as far as possible the effects of these variables and thus obtain information on whether there has been any increase or decrease in the rate of emission of atmospheric pollution, it is necessary to consider the average of a number of results. The larger the number of results available for comparison purposes, the more reliable will be the conclusions. Sometimes valid conclusions regarding changes in the atmospheric pollution of an area can be obtained by comparing the average results for two years' measurements, but if the change is a small one only, a longer period of time is required. Thus it will be appreciated that the measurements in the Wallasey area have not been in operation for a sufficient length of time to indicate whether the pollution in the area is getting better or worse. The results obtained, however, can be compared with those for other areas, thus showing how Wallasey stands in relation to other towns, and by comparing the results at the different sites in Wallasey, it can be readily seen in which area of the town the atmospheric pollution is the heaviest.

In considering the average results obtained with the deposit gauge, it is convenient to divide the year into two six-month periods, April to September and October to March (referred to later as "summer" and "winter" periods). The mean rates of deposit of the total dissolved matter, total undissolved matter and total solids at the four observing stations are shown in tables 1 and 2. Up to the present time the results for one winter period only are available.

It will be observed from tables 1 and 2 that in one month the total deposit as measured by the deposit gauges varies between about seven tons per square mile (Saughall Massie, summer 1951) and about thirty-two tons per square mile, which was the monthly average at the Oakdale Road station in the winter of 1950. If it is accepted that the station on the roof of the laboratory of the Corporation's Water Department in Seaview Road gives a rough indication of the "average" conditions prevailing in the "average" district in Wallasey, on the basis of the figures for the year ending in September, 1951, it can be taken, as a rough guide, that about 1,700 tons of

deposit fall on Wallasey in one year, and that two-thirds of this falls during winter. This, of course, is a very approximate estimation and an unscientific effort to indicate in a single figure the magnitude of local and national problems associated with atmospheric pollution. A more accurate assessment can only be made by detailed examination of the accompanying tables, and similar data relating to a much longer period than that covered by the Wallasey observations. A comparison of relative deposits in Wallasey and certain areas in Manchester, Liverpool and Southport is given in table 3.

Comparing the results for the two summer periods, it will be noticed that the deposits for 1951 at all four stations are consistently lower than those for the previous year. The greatest decrease is in the dissolved components of the deposited matter, an effect which may have been due to the lower average rainfall during the summer period of 1951. It will be interesting to see whether the lower rate of deposition of undissolved matter continues, when the results for the summer period of 1952 become available.

In most areas of the country the average results for winter periods are higher than those for summer periods. This has also been found to be the case at Wallasey, with the exception of the results for Saughall Massie. The figure for total solids deposited at this station during the winter of 1950-51, 11.22 tons per square mile per month, suggests that the result obtained for the summer period of 1950, when the mean rate of deposition was 13.92 tons per square mile per month, was abnormally high. Future measurements, however, will throw more light on this.

The deposits of undissolved matter at each of the four observing stations, from the date of commencement of observations up to November, 1951 are shown plotted on a graph (fig. 5). There is evidence that dissolved matter originates at a greater distance than undissolved matter, hence these figures are broadly representative of native pollution as distinct from pollution derived from afar. It is at once apparent from this graph that the heaviest deposition occurs in the area represented by the Oakdale Road observing station, with the next heaviest deposits at Poulton Junior School, Seaview Road and Saughall Massie, in that order. March, 1951, appeared to be a month of particularly heavy pollution at Oakdale Road. The consistent sudden fall in the insoluble deposits during November, 1950, was remarkable and presumably arose through favourable meteorological conditions which resulted in a wider dispersion of the pollution.

Sulphur Dioxide.

The average results for summer and winter periods for measurements of sulphur dioxide by the lead-peroxide method are shown in table 4. It will be seen from these results that there was little variation between the average concentrations of sulphur dioxide during the two successive summer periods. The results for the winter period, as would normally be expected, were considerably higher than those for the summer periods. Once again it is evident that the heaviest pollution by sulphur dioxide is to be found in the vicinity of the Oakdale Road observing station, followed by the other stations in the same order as for the deposit gauge measurements.

The concentrations of sulphur dioxide recorded at Wallasey are of the same magnitude as those for other towns of similar size and having a similar proportion of industrial and domestic sources of atmospheric pollution.

Table 1

Mean Monthly Rates of Deposit for Summer Periods, April-September

	Rainfall	Total Dissolved Matter	Total Undissolved Matter	Total Solids
	mm.	tons per sq. mile per month		
Oakdale Road				
1950	79	12.55	15.12	27.67
1951	56	6.73	12.34	19.07
Poulton Jnr. School				
1950	64	11.63	11.40	23.03
1951	56	6.58	10.58	17.16
Saughall Massie				
1950	69	10.53	3.39	13.92
1951	46	3.88	2.80	6.68
Seaview Road				
1950	63	8.82	7.68	16.50
1951	55	4.74	6.22	10.96

Table 2

Mean Monthly Rates of Deposit for Winter Period, October, 1950-March, 1951

	Rainfall	Total Dissolved Matter	Total Undissolved Matter	Total Solids
	mm.	tons per sq. mile per month		
Oakdale Road				
	87	13.57	18.21	31.78
Poulton Jnr. School				
	80	11.88	12.14	24.02
Saughall Massie				
	76	9.59	1.63	11.22
Seaview Road				
	82	11.25	8.16	19.41

Table 3

Mean Monthly Rates of Total Deposit
 October, 1950-March, 1951
 April, 1951-September, 1951

Town	Station	Total Solids tons per sq. mile per month	
		Winter Period	Summer Period
WALLASEY	Oakdale Road	31.77	19.07
	Poulton Jnr. School	24.02	17.20
	Saughall Massie	11.22	6.68
	Seaview Road	19.43	10.96
SOUTHPORT	Hesketh Park	8.18	7.13
MANCHESTER	Phillips Park	56.08	39.69
LIVERPOOL	Aigburth Vale	13.90	11.92

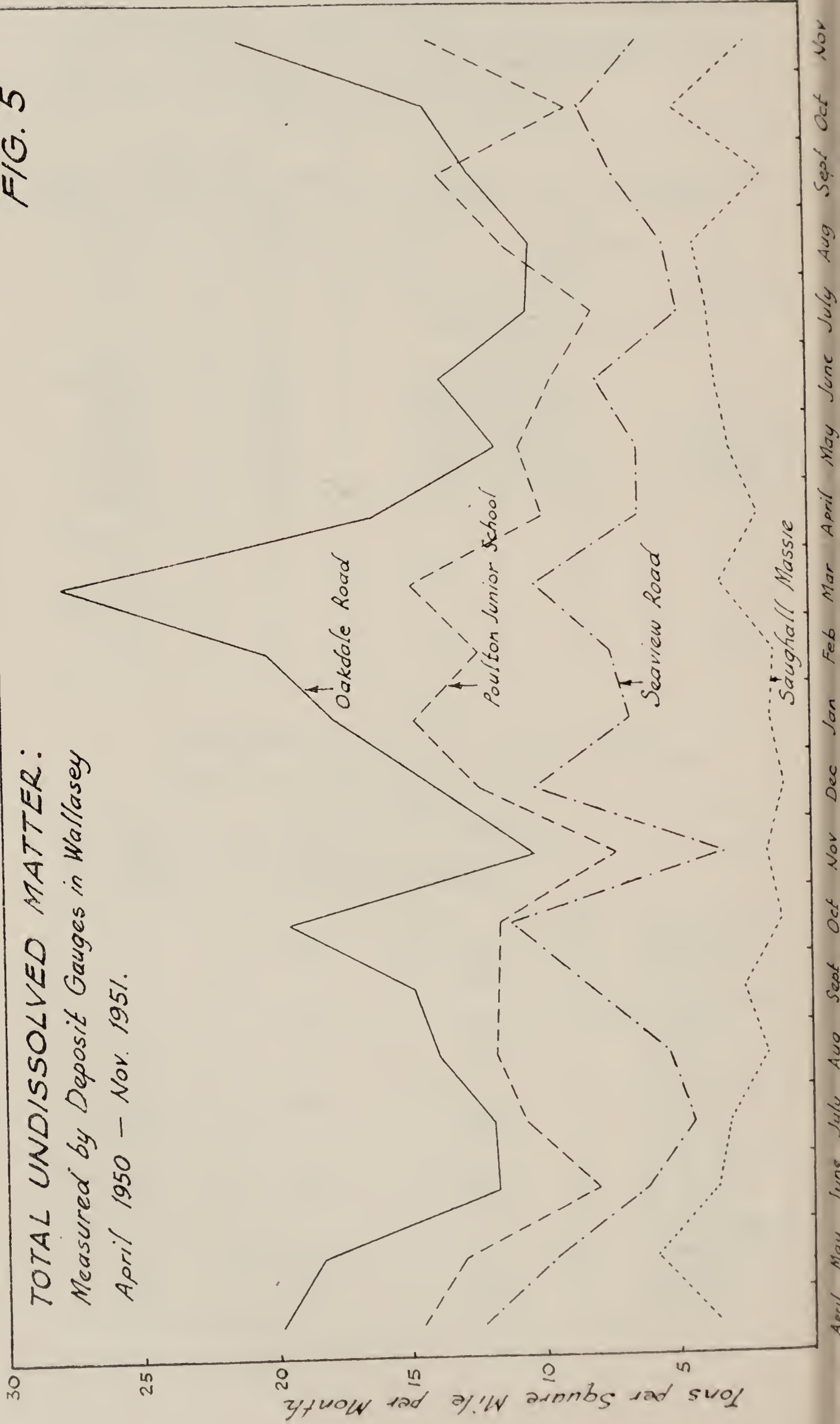
Table 4

Sulphur Dioxide by the Lead Peroxide Method
 Rate of absorption of sulphur dioxide expressed as
 $\text{mg. SO}_2/\text{day}/100 \text{ cm.}^2$

	Mean April- September	Mean October- March	Mean April- March
Oakdale Road			
1950-51	1.26	2.83	2.05
1951-52	1.29	—	—
Poulton Jnr. School			
1950-51	1.11	2.39	1.75
1951-52	1.00	—	—
Saughall Massie			
1950-51	0.45	0.93	0.69
1951-52	0.37	—	—
Seaview Road			
1950-51	0.89	2.41	1.65
1951-52	0.94	—	—
Hesketh Park, Southport			
1950-51	0.69	2.08	1.39
1951-52	0.69	—	—

FIG. 5

TOTAL UNDISSOLVED MATTER:
Measured by Deposit Gauges in Wallasey
April 1950 — Nov. 1951.



Smoke Abatement

It is pleasing to be able to report that the district sanitary inspectors found it possible during 1951 to increase slightly their activities in this sphere of their work. Their main effort is directed to the detection of abnormal smoke emission, its cause and prevention and the giving of advice rather than the institution of legal proceedings. The results of these activities during 1951 may be summarised as follows :—

No. of observations (1) formal half-hourly ...	69
(2) casual ...	186
Visits to boiler-houses ...	128
Interviews in connection with smoke abatement ...	54
Statutory smoke nuisances discovered and abated...	—
Grit emissions abated ...	1
Major improvements to boiler plant effected ...	1

DISINFESTATION AND DISINFECTION

One operator is employed on disinfection after infectious disease and on the disinfestation of premises found to be infested by insect pests. Details relating to the former class of work are included in Part II of the report. D.D.T. spray solution has continued to form the basic means of disinfestation, with good results ; D.D.T. and Gammexane dusts have been employed for the eradication of selected infestations. Disinfestation is carried out on behalf of the Housing Department ; costs of work undertaken in private properties are recovered from occupiers, or from owners in appropriate circumstances.

In addition to the work outlined in the following statistics, it was necessary to invoke the powers of the local authority contained in section 84 of the Public Health Act, 1936 in respect of the room and belongings of an aged sick person who had been removed to hospital. This involved the cleansing of 52 articles of clothing, bedding and household linen, the removal and destruction of a mattress, bed and rug, and the cleansing and disinfestation of one room.

In addition, supervision was exercised over the fumigation of three premises under the Hydrogen Cyanide (Fumigation) Act, 1937. These premises comprised a portion of a flour mill, involving the issue of a certificate under Clause 5 (b) of the 1938 Regulations, a dwellinghouse infested with wood beetle, and a sack store infested with mice.

Disinfestation

Inspections

(1) No. of complaints investigated ...	309
(2) No. of private houses inspected as a result of (1)	180
(3) No. of local authority houses inspected as a result of (1) ...	132
(4) No. of premises other than dwellinghouses inspected as a result of (1) ...	13
(5) No. of premises found to be verminous :	
(a) Bed Bugs ...	82
(b) Fleas ...	24
(c) Cockroaches ...	71
(d) Other Vermin ...	2
	— 179

Notices Served and Abated

	<i>Served</i>	<i>Abated</i>	
		<i>By L.A.</i>	<i>Privately</i>
(6) Total No. of notices to disinfect given verbally	50	—	50
(7) Total No. of preliminary notices in writing	7	1	6
(8) Total No. of statutory notices ...	2	—	2
	—	—	—
	59	1	58
	—	—	—
Treatment by Council's Operative			
(9) No. of treatments on repayment ... ..	...	...	403
(10) No. of treatments without charge ... ..	...	...	5
			—
(11) Total No. of treatments ... ..	...	...	408
			—
(12) No. of premises covered by treatments outlined in (11) ... ..	...	...	129
			—
(13) No. of treatments with D.D.T. Spray ... ..	...	...	368
(14) No. of treatments with other spray insecticides...			—
(15) No. of treatments with other methods ... ..	...	...	40
			—
			408
			—
(16) Fees received ...	£77	1s.	6d.

RAG FLOCK ACTS, 1911 to 1928

One sample of 50% washed fillings was taken under the above Acts from an upholsterer's premises and found to contain 52 parts per 100,000 of soluble chlorine, an excess of 22 parts per 100,000 beyond the minimum legal standard. The sample was taken from a small consignment which had been held in stock for a very long period; the upholsterer elected to dispose of the filling by burning.

Under the Rag Flock and Other Filling Materials Act, 1951, which came into force on the 1st November, one sample of washed flock and one of cotton linters were taken, both proving satisfactory. Nine premises were registered under section 2 of the Act.

CONTROL OF CAMPING

No. of licences relating to sites issued during 1951 ...	12
No. of licences relating to sites refused during 1951 ...	1
No. of cases of unlicensed camping detected during 1951	6
No. of visits to unlicensed land	63
No. of visits to licensed land	157
Inspection of structures	1,835
Nuisances abated after notice	Nil

KEEPING OF ANIMALS

Visits to premises	343
Notices served	28
Stables, manure pits cleansed	12
Stables, manure pits repaired or renewed	1
Other nuisances abated	21

MISCELLANEOUS INSPECTIONS

		<i>Notices</i>	<i>Nuisances</i>
	<i>Visits</i>	<i>served</i>	<i>detected</i>
Schools	142	—	29
Cinemas, dance halls, etc.	125	—	8
Sub-let rooms	220	1	1
Public conveniences	167	—	7
Local Land Charges (search) ...	1,748	—	—
Measurements of rooms for per- mitted numbers	28	—	—
Interviews with building contractors	546	—	—
Offensive trades	—	—	—
Canal boats inspected	31	—	—
Other visits	322	—	—

INSPECTION OF SCHOOLS

In October, 1951, the district inspectors carried out a survey of the sanitary accommodation in schools of the local education authority. The survey involved inspection of 52 school departments. A detailed report on the sanitary circumstances of the schools and a comparison with the Standards for School Premises Regulations, 1951, was submitted to the Director of Education. A brief summary of this report is included in the report of the School Medical Officer for 1951.



PART VI.



Welfare Services

National Assistance Act, 1948

WELFARE SERVICES.

Residential Accommodation.

"Redcliffe"—a new home of the type envisaged in the National Assistance Act, 1948, was opened by the Mayor in March, 1951. This home, the second of its kind to be opened in Wallasey, is situated on Egremont Promenade and has a commanding view of the shipping in the Mersey Estuary. The house accommodates 12 old ladies, 6 old men and 3 residential staff, a large brick garage being successfully converted into bedrooms for 6 men and 1 staff, together with a bathroom, washbasins, etc.

"Lamorna," the first home to be opened in Wallasey, is now well-established and after two full years' experience of running the home, it is apparent that these small homes are cheaper to maintain than the old institutional type of building which, with their large rooms and rambling corridors, are more expensive to heat, clean and repair. The hostels on the other hand provide a very good substitute for a normal home with all the personal freedom, individuality and privacy which this implies.

The ageing of the population has been stressed in previous reports and the increasing proportion of old people to the working population will become a serious social problem if present trends continue. The growing demand for accommodation where old people may be cared for in their declining years will probably remain unsatisfied for many years.

The following are the statistics relating to accommodation provided by or on behalf of the Council during 1951 :—

	No. Admissions resident on 1.1.1951	Deaths & during yr.	No. resident on 31.12.51
"Lamorna," Hamilton Road	18	7	18
"Redcliffe," Egremont Prom.	—	28	10
Eastham House	4	—	3
St. Catharine's Annexe	33	64	61
St. Clare's Convent	—	4	4
St. Edmund's School	—	9	6
Salvation Army Hostel, West Kirby	1	—	—
David Lewis Epileptic Colony	4	1	1
Home for Epileptics, Maghull	2	3	3
Turner Home of Rest for Cripples	2	2	1
Bannow, St. Leonards (Blind)	1	—	—
Westminster House, Kirkdale	—	1	1
Wilton House, Shenley, Herts.	—	1	—
"Brocklebank," S.W.18	1	—	—
Children's Hotel, Ltd., W'sey	—	5	5
"Oaklands," Holmfirth	—	1	—
"Maryland," Formby	—	1	—
Albion Street Children's Home	6	1	7
Wigan Hostel, Ormskirk	1	—	1
Paget House, Birkenhead	—	1	1
Total	73	129	111

Temporary Accommodation.

It is the Council's duty to provide temporary accommodation for persons in need of it. This provision has never been intended to apply to persons or families living in insanitary or over-crowded conditions, but was made to deal with those people rendered temporarily homeless as a result of fire, flood or other circumstances, which could not reasonably have been foreseen. In spite of this latter provision, the work has been extended to include those persons evicted for non-payment of rent, or on expiry of sub-tenancies. During the year the Department dealt with 7 evicted families, involving 17 children.

At present, the Council has no accommodation specially adapted for families, and the procedure therefore has been to split up the family, the wife, children under three years of age go to St. Catherine's Hospital Annexe, Birkenhead, and the older children are found vacancies wherever possible in children's homes in Lancashire, Cheshire or North Wales. The difficulty of finding such vacancies for children has increased considerably during the year, and the Welfare Officers have, at times, had no option but to place children in privately run homes at a cost of £4 per week for each child. The cost of maintaining evicted families during the year ended 31/3/1952 was approximately £1,090.

Registration of Disabled Persons' and Old Persons' Homes.

There were no new Registrations of Homes in Wallasey under the National Assistance Act during 1951. Three privately run Homes for Old People are paid periodic visits of inspection to ensure that the state of repair, accommodation, management, staffing and equipment are of the required standard for continued registration under the Act, and that residents in such Homes are suitable for such accommodation, bearing in mind that these Homes are not Nursing Homes.

Removal of Persons in Need of Care and Attention.

There has been no need in Wallasey to use the powers of compulsory removal to hospital or hostel conferred upon the Council by Section 47 of the National Assistance Act, 1948, during 1951. Several cases of persons living in insanitary conditions and not receiving proper care and attention have been discovered by the Welfare Officers or referred to them, but in each case the visit of a Welfare Officer has led to voluntary removal to hospital or institution.

Protection and Care of Property of Persons admitted to Hospital, etc.

When it comes to the notice of the Local Authority that a person admitted to hospital has no relatives to look after his property, this Authority has a duty to do so. Normally, in the case of patients admitted to a general hospital, the Authority is then required to ensure that the patient's house is locked up and that any money or valuables are removed for safekeeping. At times, it has been necessary to remove and store the furniture of patients, and this Authority still has in storage several lots of furniture taken for safety.

In the case of patients admitted to mental hospitals, the same procedure is followed, with the addition that the Welfare Officers must often provide assistance and guidance to the relatives in dealing with the formalities involved in applying to the Court of Protection for authority to deal with the patient's affairs.

Burial or Cremation of the Dead.

The only burial carried out during the year by the Welfare Section was that of an unknown woman, whose body was cast upon the shore from the River Mersey. She was unidentifiable and no details of her past life were obtainable.

Welfare of Handicapped Persons.

The Welfare Committee have a representative on the Merseyside Joint Deaf & Dumb Advisory Committee. This Committee has the duty of developing and co-ordinating the welfare services for the deaf and dumb and hard of hearing. The Hard of Hearing Club have now established a branch in Wallasey after being allowed the use of Corporation premises for their meetings.

A grant of £171 was made to the Joint Advisory Committee, which in turn distributed the money to various voluntary bodies represented on the Joint Committee during 1951.

Community Welfare.

A little recognised factor in the present situation of the Social Services is the remarkable expansion in recent years in the number of children and old people who have to be provided for. Compared with pre-war, Britain has 1,000,000 more children and 1,500,000 more people of pensionable age, partly as a result of dramatic falls in rates of dying in old age since about 1943, and partly as a result of a high birth rate during a similar period.

This additional population appearing simultaneously at both ends of the life span without a proportionate increase in the working population could well explain much of the rising demands made on the Social Services—housing, education and health—and the varied problems created by the failure of these services to meet all the demands made on them, fall to the lot of the Welfare Section to deal with.

The pressure of the unsatisfied demand for housing accommodation manifests itself in the increasing number of eviction cases, which are unable to find alternative accommodation with relatives or friends and who as a result seek the help of the Welfare Section. Sometimes the Welfare Staff are informed of problem families who are getting into difficulties before the situation has deteriorated into an actual eviction and in these cases a little preventative work has retrieved the situation from pending eviction. It is far more satisfactory to be able to prevent a domestic tragedy of this sort than be asked to deal with the results of the eviction after the family have been turned out and the parents have to be separated from their children in order to be provided with shelter.

Infirmity, neglect and loneliness are coming to be the hallmarks of advancing years in modern society. There is a marked decline in the willingness of relatives and neighbours to give help to the aged.

The attitude of many children towards their parents is that the responsibility for their old folk lies with the State, and when the doctors are unable to secure admission of chronically ill old people to hospital owing to the lack of provision for this type of case, the care which neighbours or relatives can give has to be supplemented by Local Authority services.

Efforts are being made by Voluntary Bodies such as the Old Age Pensioners' Associations, the Soroptomists and the W.V.S. to bring interest, variety and activity into the lives of the local aged.

BLIND WELFARE.

Registration of Blind Persons.

During the twelve months ending 31st December, 1951, 26 people were examined by Dr. Dunlop Hamilton. Of these, 22 were found to be blind, while 4 could not be certified. One blind person was re-examined and de-certified

Of the 22 people certified blind, blindness occurred in the following age groups:—

Under 20 years of age	...	1
20-30	..	2
30-40	..	Nil
40-50	..	1
50-60	..	2
60-70	..	8
70 years of age and over	...	8
Total		22

	M.	F.	Total
No. on Register at January 1st, 1951	93	92	185
No. added during the year:—			
New cases	9	13	22
Transfers from other towns	4	6	10
Totals	106	111	217
No. of removals from Register owing to:—			
Leaving Wallasey	3	6	9
Death	5	12	17
Decertification	—	1	1
Totals	8	19	27
No. on Register at December 31st, 1951	98	92	190

From January to the 31st August, 1951, two Certificated Home Teachers were employed.

From 31st August to 30th September, one (only) Home Teacher was employed.

From 1st October to 31st December, 1951, 1 Qualified Home Teacher and 1 Student Home Teacher were employed.

During the year 4,234 visits were made to Blind Persons. In addition to visits made the Home Teachers attended 32 Social Functions given by Organisations on behalf of the Blind.

Handicrafts and Embossed Types have also been taught to Registered Blind Persons in their homes.

Training and Employment.

During the year 1951, 11 Blind Persons were interviewed by the Resettlement Officer, Wallasey Employment Exchange, with a view to obtaining employment in sheltered industry, and as a result of this, 3 males are now training in shorthand typing, telephony and light engineering respectively.

Wireless Sets.

This Authority has this year received 5 Wireless Sets (Bush Models) from the British Wireless for the Blind Fund.

Free Travel Vouchers.

Through the courtesy of the Wallasey Motor Bus and Ferries Committee, Registered Blind Persons still continue to receive Travel Vouchers, enabling them to travel free on the Wallasey Buses and Ferries.

**Welfare Services for the Partially Sighted.
National Assistance Act, 1948.**

During 1951, 19 persons have been placed on the Observation Register for Partially Sighted Persons.

72 visits were made during the year to partially sighted persons.

COUNTY BOROUGH OF WALLASEY
EDUCATION COMMITTEE



Report

OF THE

SCHOOL MEDICAL OFFICER

For the Year 1951

BENSON & HOLME LTD., STANLEY STREET, LIVERPOOL

— — —
1952

STAFF.

Medical Officer of Health and School Medical Officer :
DR. R. B. BERRY, M.D., D.P.H.

Deputy Medical Officer of Health and Deputy School Medical Officer :
DR. H. W. HALL, M.B., Ch.B., D.P.H.

Assistant Medical Officers of Health and Assistant School Medical Officers :

DR. E. J. O'REILLY, M.B., Ch.B., B.A.O.

DR. E. I. GRANT, M.R.C.S., L.R.C.P.

Senior School Dental Surgeon :
MR. C. J. LUYA, L.D.S.

Assistant School Dental Surgeons :
MR. W. A. HENDERSON, L.D.S.

MR. E. G. MASON, L.D.S.

MR. F. G. SUTCLIFFE, L.D.S. (Resigned 31/8/51.)

Dental Attendants :

MISS A. M. BARBER.

MISS B. M. SCOTT.

MRS. E. M. BROWNE.

MISS P. M. BERGIN. (Resigned 21/4/51.)

MISS M. HARRIS. (Appointed 1/5/51.)

Superintendent Health Visitor/School Nurse :
MRS. A. PARKINSON, S.R.N., S.C.M., H.V.Certif.

Health Visitors/School Nurses :

MISS E. A. TEGGINS, S.R.N., S.C.M., H.V.Certif.

MISS A. J. EDGE, S.R.N., S.C.M., H.V.Certif.

MISS C. E. MURRELL, S.R.N., S.C.M., H.V.Certif.

MRS. E. E. P. NOLAN, S.R.N., S.C.M., H.V.Certif.

MRS. W. DOVEY, S.R.N., S.C.M., H.V.Certif.

MISS M. E. ASPINALL, S.R.N., S.C.M., H.V.Certif.

MISS E. M. MORGAN, S.R.N., S.C.M., H.V.Certif.

MISS E. WHITBURN, S.R.N., S.C.M., H.V.Certif.

MISS K. E. HIGGINS, S.R.N., S.C.M. (Part 1)., H.V.Certif.

MISS J. SHANNON, S.R.N., S.C.M., H.V.Certif. (Resigned 31/8/51.)

MISS I. D. BELLIS, S.R.N., S.C.M. (Part 1)., H.V.Certif.

MISS E. M. MURPHY, S.R.N., S.C.M., H.V.Certif. (App. 1/3/51.)

MISS M. B. JONES, S.R.N., S.C.M., H.V.Certif. (App. 17/9/51.)

MRS. K. SCHOFIELD, S.R.N., S.C.M., H.V.Certif. (App. 19/11/51.)

Visiting Specialists :
MR. W. D. HAMILTON, M.B., Ch.B., B.A.O., D.O.M.S. (Ophthalmic).
MR. H. DAVIES, M.B., Ch.M., F.R.C.S. (Orthopaedic).
DR. MARY C. LYDON, D.P.M., L.R.C.P., L.R.C.S. ((I) (Psychiatrist).

Physiotherapists :
MISS N. V. CULLOTY, M.C.S.P.
MISS M. M. RAINE, S.R.O.N., M.C.S.P.

Educational Psychologist :
MR. J. MCLEOD, B.Sc., Ed.B. (Appointed 1/1/51.)

Social Worker :
MRS. U. BARRETT-LENNARD (Diploma in Social Science).

Speech Therapist :
MISS K. M. LANG, L.C.S.T. (Resigned 31/7/51.)
MISS E. M. WEIR, L.C.S.T. (Appointed 22/10/51.)

Administrative Staff :
MR. S. D. LAWSON.
MRS. M. FRANCE.
MISS B. BARNES.

TOWN HALL,
WALLASEY,
May, 1952.

To : The Chairman and Members of
the Education Committee.

Ladies and Gentlemen,

I have asked each officer responsible for the various sections of the Department to make a short statement on the work carried out during the year, and therefore there is no occasion for me to comment on the Report.

I should like to express my appreciation of the work of the staff during the year and to thank the Director of Education and his staff for their help and co-operation.

I am,

Your obedient Servant,

RONALD B. BERRY,

School Medical Officer.

Dr. Hall, Deputy School Medical Officer, makes the following observations :—

In May the new School Clinic in Merton Road came into use. It is a very great improvement on the old premises in Liscard Crescent, and the whole staff are pleased to be working at last in a building which is worthy of the name of Clinic. The new building has, with its better accommodation and facilities, allowed us to concentrate more of the services under one roof. This is a great advantage, as it affords easier opportunities for exchanging views with the staff of the ancillary branches of the services such as Dentistry, Physiotherapy, and Speech Therapy—an ideal which was envisaged in the National Health Services Act, 1946, in setting up Health Centres. It is unfortunate that only a few Health Centres have been built yet in the country, as I feel that it is only in these Centres that full co-operation between medical officers in the School Health Service and general practitioners will be achieved.

Towards the end of the year new school buildings reached completion. It is galling to find that the specially planned medical inspection suite at one new school is already in use as an overflow classroom, before it had ever been used for the purpose for which it had been planned. Worse still, in another new school, the medical inspection room originally planned had to be sacrificed to meet economies demanded by the Ministry. Instead, a room with quite inadequate daylight has been allocated for medical inspection in the revised plans. Greater importance appears to have been given to architectural niceties than to the consideration of the purpose for which the room is to be used.

Routine medical inspections in school were confined to the three statutory age groups, a few sessions being spared for re-inspections in schools, but unfortunately not much of this valuable follow-up work was possible owing to the increasing numbers of school entrants to be examined, as a result of the post-war rise in the birth rate. Full use of Clinic sessions, however, was made to follow up more important cases, such as those children suffering from rheumatic heart disease, chest conditions and debilitated children receiving artificial sunlight treatment. This has always been the practice in Wallasey and is reflected in the very large numbers of "Special" examinations.

Full co-operation with the Chest Clinic allows school children who are seen at Mill Lane to be given breathing exercises or artificial sunlight by the staff of the School Health Service, when these forms of treatment are recommended. Cases are also seen from time to time referred by general practitioners who wish to make use of the services provided by the School Health Service of the Local Education Authority. All such cases are welcomed, and we endeavour to send the family doctor a report when this seems necessary.

The Wallasey Education Authority allow juvenile employment, and school children, when they attain the age of thirteen years, do

paper rounds and tradesmen's errands for a specified number of hours a week before and after school. Before doing this they are medically examined and a certificate completed stating that he/she is fit for such employment; that his/her health and physical development will not suffer as a result of it, and it will not render him/her unfit to obtain the proper benefit from his/her education. Occasionally a few children do not come up to the desired standard. Any abuse of the regulations on the part of the employers are investigated by the School Welfare Officers, and after due warning, licences are liable to be cancelled.

The special unit at Elleray Park School for children suffering from cerebral palsy received the official sanction of the Ministry of Education in the autumn. About ten "spastic" children are accommodated in the unit. Classroom, treatment room and lavatories are on the same floor close to one another. Apparatus for treatment, which consists mainly of re-education of muscles and muscle groups, was made locally from drawings of similar apparatus in use at the Greenbank Home of Recovery, Liverpool. We are grateful to the Head Teacher and the Liverpool School Health Service for allowing us to visit the school and copy their ideas. In addition to Physiotherapy, these children have Speech Therapy when necessary, as the School Speech-Therapist has regular sessions at Elleray Park School. The children travel to and from the school in the special school bus and all take the school dinner, which they have with the other children in attendance at Elleray Park School.

The monthly medical inspections at Claremount Special School continued throughout the year. It is gratifying to see not only the general physique, but also in many cases, the self-confidence in these children improving. News of past pupils of this school is encouraging.

In the last report mention was made of the importance of accurately diagnosing children suffering from congenital heart disease, since surgical treatment for some of these conditions is now possible. In Wallasey schools to-day there are children who have had operative treatment and are now quite well and fit, with normal hearts. Some of these cases were initially detected and referred through the School Health Service.

There were no serious outbreaks of infectious disease during the year, though measles and whooping cough were prevalent in the infant departments of most schools, particularly those in the west end of the Borough. Diphtheria is rare now amongst school children in Wallasey and this is entirely due to the immunisation campaign begun during the war years. It is of the greatest importance that there should be no relaxation of these efforts, otherwise with an increasing number of susceptibles the disease might become prevalent again.

There was an improvement in the general cleanliness in schools, though in this respect there are no grounds for complacency. As before, the School Health Nurse shoulders the bulk of this work and it is due to her untiring efforts that progress is made.

In conclusion, thanks are due to all members of the School Health Service staff for their help and co-operation throughout the year.

Dr. O'Reilly, Assistant School Medical Officer, observes as follows :—

The health of the school children of the Borough has been maintained at the satisfactory level attained in recent years and full advantage is being taken for their benefit of all the recent progress in medicine and surgery.

The Consultants at the clinics and hospitals are always generous with their advice and help, and keep us informed of the progress of children under their care.

Most parents, too, are co-operative, though we occasionally have to send several messages before some parents come to the clinics to discuss vital matters concerning the health of their children.

The organisation of our School Health Service has now reached a very high standard and it would be difficult for a child of school age to have a health defect which was not soon detected and treated. Indeed, progress in the future will depend much on new methods of prevention, for which we must look to the research workers.

An example of this is the question of carious teeth. The teeth still deteriorate as rapidly as ever and the School Dental Service is kept busy remedying the defects as they appear. This will continue until a method of preventing the decay has been discovered. Even when a preventive has been found there may be a long delay before it can be put into effect. If the solution consists of an addition of fluorine or some other element to the drinking water, we may expect quick results. If a drastic change is called for in our traditional dietary habits, resistance may be expected, and a long period of propaganda will be needed before results appear.

That we may expect solutions to many of our problems is shown by the recent remarkable advances in the surgery of the heart. We have several children in Wallasey who have had heart operations and have been transformed from chronic invalids, with a limited expectation of life into strong healthy children, who can now lead normal lives.

Less spectacular, because the treatment is spread over several years, but just as remarkable, is the way in which spastic children,

some of whom could not even sit up without assistance, are gradually given control over their rebellious muscles by surgical operations and long and careful training. The new spastic Unit in the Open-Air School and the Orthopaedic Clinics are getting excellent results in this sphere.

Dr. E. I. Grant, Assistant School Medical Officer, reports as follows :—

The School Health Service continues to flourish in spite of abortive attempts to smother it with the red tape of the National Health Service, and the Assistant School Medical Officer tries conscientiously to carry out his duties although irritated and hampered from time to time by new and irksome restrictions.

The value of the patient-doctor relationship which is stressed in the National Health Service is apparently considered to be of no importance between the Assistant School Medical Officer and the child and his parent.

Parents who are encouraged to attend routine medical inspections whenever possible so that the school doctor can discuss with them the physical and mental condition of their children, almost inevitably avail themselves of this opportunity, and are usually only too pleased to accept the advice given, but where this involves reference to a specialist for some defect or other, the child must now be handed back to the family doctor, or his consent obtained before these arrangements can be made. This naturally involves delay, a considerable increase of administrative work, and a lowering of professional status—it is even possible that the child may slip between two stools and receive no treatment at all, unless followed up at a later date by the School Health Visitor.

The Minor Ailment Clinic continues to be extremely well attended and I have been particularly interested in the number of cases of debility, malnutrition, bronchial catarrh, naso-respiratory diseases, and the like which have benefited very considerably by the administration of simple tonics, vitamins and ultra-violet therapy, which we are able to prescribe for them. I am satisfied in my own mind that these measures contribute quite substantially to a lower absentee rate at school, especially in the case of the younger children who have just entered school.

Defects of eyes, ears, nose, throat, feet and posture are all detected at an early age once the child is at school, and every effort is made to remedy these as soon as they are found. If necessary, a re-examination is made at intervals of 3, 6 or 12 months, and it is not the fault of the School Health Service if these are not corrected or improved before the school-leaving age is reached.

The adolescent girl of to-day takes a greater pride in her appearance and it is rare to find a leaver who is not reasonably clean, healthy, and well-dressed. I think it is a cause for considerable satisfaction that in spite of the difficulty most authorities have in maintaining a good school dental service, the older children in the Wallasey schools rarely have neglected or carious teeth.

Tonsils and adenoids are attended to without undue delay at the Victoria Central Hospital and I think the consultants who deal with these conditions realise that we are very selective in our choice of cases and do not bother them unnecessarily. It is, therefore, a matter for regret that we are now having to refer these children back to their own family doctor before an appointment can be made.

Generally speaking, I think the School Health Service contributes something towards the positive health of the community that will never be achieved by the National Health Service so long as the general practitioners are only able to attend to sick patients.

Mental, as well as physical health, is dealt with and in this branch of preventive medicine, we have the able assistance of Dr. Mary Lydon at the Child Guidance Clinic, to whom we are able to refer selected cases of maladjustment, which are unfortunately still too frequently encountered, due in many cases to the unsatisfactory home environment.

In conclusion, I should again like to thank the Head Masters and Head Mistresses of the schools I visit for the hospitality accorded to me on the occasions of school medical inspections, and for the interest and co-operation that some of them show towards these routine visits. It is pleasing to know that any instructions we may give to parents or children will be carried out as far as possible with the encouragement and assistance of the Head Teacher.

It would, of course, be a great help if there were better facilities in the schools for medical inspection. To examine a child efficiently one requires privacy, quiet and adequate lighting and heating—unfortunately, all these conditions are not always available, in fact, where there are medical rooms these have often had to be used for class rooms or storage accommodation.

Elleray Park Open-Air School.

During the year 24 children were admitted, the classification of their defects or diseases being as follows :—

Debility	...	...	...	...	...	3
Bronchitis	...	...	...	...	...	1
Asthma	...	...	...	...	...	1
Debility and Bronchitis	...	...	...	...	...	1
Asthma and Bronchitis	...	...	...	...	...	2
Spastic Paraplegia	...	...	...	...	...	1
Healed T.B. Lung	...	...	...	...	...	1
Spastic Paralysis	...	...	...	...	...	2
T.B. Spine	...	...	...	...	...	1
Rheumatic Heart	...	...	...	...	...	2
Haemiphilia	...	...	...	...	...	1
Residual Paralysis (after Poliomyelitis)	...	...	...	...	...	2
Spina Bifida	...	...	...	...	...	1
Hemiplegia	...	...	...	...	...	1
Old Septic Arthritis	...	...	...	...	...	1
Epilepsy	...	...	...	...	...	1
Bronchiectasis	...	...	...	...	...	1
Patent Interventricular Septum	...	...	...	...	...	1
Total	...	...	...	...	...	24

Of the nineteen pupils who left the School during the year, 1 left at 16 years of age, 14 were passed as fit to return to an ordinary school, 1 was admitted to a residential Special School, and 3 left the district. The number of children on the roll on 1st January, 1951, was 101, and on 31st December, 1951, 106.

Mr. Horace Davies, Orthopaedic Surgeon, makes the following observations :—

It was with welcome relief that we vacated the old premises at Liscard Crescent and moved into the new modern clinic at Merton Road. This change-over was undoubtedly the most important event of the year for the school health service. In addition, a nucleus of a cerebral palsy unit was started at Elleray Park School. This unit consists of 10 non-residential children suffering from cerebral palsy and each now receives the comprehensive individual attention which is so essential for their progress. It is to be hoped that this is the initial step towards the establishment of a complete residential and non-residential cerebral palsy centre for these most difficult and yet worth while children. The other event of importance was the centralising of the sunlight treatment at Merton Road by transferring all the cases from the old premises at New Street, Seacombe.

With regard to the actual routine work a study of the table of cases shows that pes valgus still remains the dominant postural defect of childhood, despite the efforts of enforcing remedial exercises within the school physical training programme. This undoubtedly emphasises the value of the clinic in starting the treatment as early as possible. One disturbing feature in the cases is the large numbers of hallux valgus seen in young children. This increase over previous years I feel reflects the financial difficulties of the mothers in providing the necessary continued sequence of footwear for the growing child. Knock-knees also seems a very prevalent condition during the pre-school years, but this is extremely amenable to the simple measures at our disposal and radical treatment is now a rarity.

REPORT OF Mr. HORACE DAVIES, Orthopaedic Surgeon.

Number of Sessions held at the Authority's Clinics	...	...	46
Number of New Cases	...	...	356
Number of Re-examinations	...	...	654

	Disease Categories	New Cases		Re-examinations		Discharged			
		Pre-School Age		School Age		Pre-School Age		School Age	
		M.	F.	M.	F.	M.	F.	M.	F.
Congenital Deformities	Trunk ...	—	—	—	—	—	—	—	—
	Upper Limb ...	—	3	—	—	3	1	—	—
	Lower Limb ...	1	—	2	2	1	2	4	6
Acquired Deformities	Flat Foot ...	24	25	53	71	41	16	117	130
	Hallux Valgus ...	—	—	—	10	—	—	1	15
	Postural Kyphosis ...	—	—	1	1	—	—	1	4
	and Scoliosis ...	—	—	—	—	—	—	—	—
	Knock Knee ...	27	19	12	8	44	40	32	21
	Bow Leg ...	6	2	—	—	4	4	—	1
	Other Conditions ...	8	10	21	26	9	6	48	51
Affections of Skeleton	Rickets ...	—	—	—	—	—	—	—	—
	Other Conditions ...	—	—	—	—	—	—	—	—
Affections of Nervous System	Spastic Paralysis ...	1	—	—	2	2	—	6	8
	Infantile Paralysis ...	—	—	—	1	—	—	3	2
	Peripheral... ...	—	—	—	—	—	—	—	—
	Nerve Lesions ...	—	—	—	—	—	—	—	—
	Other Conditions ...	—	—	—	1	—	1	5	3
Affections of Bones	Osteomyelitis ...	—	—	—	—	—	—	—	—
	T.B. ...	—	—	—	—	—	—	—	—
	Other Conditions ...	—	—	—	—	—	—	—	—
Affections of Joints	T.B. ...	—	—	—	—	—	—	—	—
	Non-T.B. ...	—	—	—	1	—	—	—	—
Affections of Spine	T.B. ...	—	—	—	—	—	—	—	1
	Non.-T.B. ...	—	—	—	—	—	—	—	—
Affections of Epiphyses		—	—	1	4	—	—	2	8
Affections of soft tissues		—	—	—	—	—	1	—	1
Complications of Trauma		—	2	3	4	1	2	3	3
Cases referred to Clinic and found normal		—	—	1	3	—	—	—	—

AUDIOMETRIC SURVEY.

In the audiometric survey 1,820 children were tested. Of these 67 (3.7%) failed to reach the required standard (normal threshold of hearing).

Of the failures 16 (24%) were treated with success at the Authority's own clinics.

Five (7.5%) preferred to attend their National Health doctors for treatment, and 43 (64%) were referred to the Consultants at the local hospitals.

Two children were found whose hearing could not be improved even by operative treatment.

SPEECH THERAPY.

Miss Lang, Speech Therapist, submits the following observations for the period 1st January, 1951-31st July, 1951 :—

Number receiving treatment	...	...	...	106
Discharged cured	...	...	...	14
Discharged, appointments not kept	...	...	...	8
Left school	...	...	...	1
Withdrawn by parents	...	...	...	1
Total number of attendances	...	...	...	1,157

The work of the Speech Clinic has continued satisfactorily during the past seven months. Accommodation and equipment has improved beyond measure with the opening of the new clinic in Merton Road. Attendance has been regular, and a satisfactory number of patients have been discharged cured, with 8 patients attending monthly, prior to final discharge.

Miss Weir, Speech Therapist, makes the following observations relating to the period 22nd October, 1951-31st December, 1951 :—

Owing to the recency of my appointment (October, 1951) and the protracted nature of speech rehabilitation, assessment of personal treatment is, of course, impossible. A small number of discharges has been made however. In some cases, examination revealed no defect and it may be concluded that the final stages of previous treatment had already been reached when the former therapist left in July, the effects of which had not been lost by the termination of speech therapy.

In other cases discharge had to be made under less favourable circumstances, the frequent notices sent intimating recommencement of speech treatment being completely disregarded.

The consequent reduction in numbers has enabled me to introduce more individual treatment, which, I feel, in the initial stages especially is highly important. In speech re-education, the "speech defective" and not the "defect" must be the vital consideration.

In spite of this I have found it possible to tackle, in small measure, the extensive and ever-growing waiting list. The response, however, has been poor, due no doubt to the length of time which has had to elapse since the initial interviews and the altered circumstances which have taken place during the period.

I wish to take this opportunity to express my sincere thanks for the co-operation and help I have received from all with whom I have been in contact.

STATISTICS.

Total number of attendances during Nov.-Dec.	...	...	...	...	258
Number of patients interviewed	...	...	...	...	77
Number re-admitted	...	...	...	...	54
Number admitted from waiting list	...	...	...	...	3
Total number on current list	...	...	...	...	57

Classification of current cases.

Simple dyslalia (one sound only affected)	...	...	...	...	7
Multiple dyslalia (infinite variety of sounds affected)	...	...	...	...	16
Stammer	...	...	...	...	23
Multiple dyslalia plus stammer	...	...	...	...	5
Simple dyslalia plus nasality	...	...	...	...	1
Multiple dyslalia plus nasality	...	...	...	...	1
Dysarthria (due to spasticity)	...	...	...	...	3
Alalia (total inability to speak)	...	...	...	...	1
Total	...	...	...	...	57

Number discharged following interview :—

No defect detected	...	...	...	...	...	14
Repeated non-attendance	...	...	...	...	...	4
Suspended (referred to waiting list)	...	...	...	...	...	2
Total	...	...	...	...	...	20

CHILD GUIDANCE CLINIC. PSYCHIATRIC DEPARTMENT.

Dr. Mary Lydon, Psychiatrist, makes the following observations :—

Work for 1951.

Eighty-eight sessions held. 51 new cases referred.

I do not feel that I have anything further to add to my remarks in last year's annual report concerning these figures being far from adequate in view of the school population of the Wallasey area, but as the psychiatric side of the service is working to capacity of two sessions weekly, a greater influx of referrals would only lead to a longer waiting list and perhaps less satisfactory results until such time as the service is extended. There are, in fact, at the time of writing this memorandum twenty-one referrals on the waiting list.

WORK OF THE PSYCHIATRIC DEPARTMENT. CHILD GUIDANCE CLINIC.

1st January to 30th June, 1951.

For the half-year ended 30th June, 1951, there have been 48 sessions held.

During this period 22 new cases were referred, all by the School Medical Service, 10 of whom have been successfully treated, adjusted and closed.

Of the remaining 12 cases :—

3 were diagnostic only.

2 were referred to the Educational Clinic for Remedial Coaching, having been well adjusted socially previously.

1 to a Residential School for Maladjusted Children, and

6 are having weekly Psychotherapy.

The remainder of the work was with 11 old cases carried forward from the previous half-year. Of these :—

7 were satisfactorily treated, adjusted and closed.

1 was referred to the Educational Clinic for Remedial Coaching, having been well adjusted socially previously.

1 was referred to Notre Dame Child Guidance Clinic for Group Play.

1 had been placed in a Residential School for Maladjusted Children, discharged after one year and continues on Probation while attending a Secondary Modern School.

1 was unsuitable for Psychiatric Treatment owing to intellectual limitations.

There are 9 new cases awaiting appointments.

1st July to 31st December, 1951.

For the half-year ended 31st December, 1951, there have been 40 sessions held.

During this period 18 new cases were referred, all by the School Medical Service, 10 of whom have been successfully treated, adjusted and closed.

Of the remaining 8 cases :—

5 are having weekly psychotherapy.

1 is in the Wallasey Children's Home.

1 was diagnostic only, and

1 is in abeyance owing to lack of co-operation from the mother.

The remainder of the work was with 12 old cases carried forward from the previous half-year. Of these :—

8 were successfully treated, adjusted and closed.

2 home circumstances not conducive to successful psychotherapy.

1 closed—transferred to Liverpool children's home, and

1 closed—improved.

There are 11 new cases awaiting appointments.

Mr. C. J. Luya, Senior Dental Surgeon, submits the following observations :—

I have to present to your Committee a short report of the work of the School Dental Service during the year 1951.

The period is an interesting one, as it was during the year that the effects of the new Health Service on the School Dental Services first became apparent.

There were four experienced Dental Officers on the staff in 1948, and we were able to retain all of them until 1951, when the most lately joined left in order to enter the employment of a neighbouring authority. It was found impossible to fill his place in spite of the increased salaries awarded by the Whitley Council, until after the end of the year.

It is unlikely, whatever salaries are offered, that the School Dental Service will ever be able to obtain its full quota of officers, for the dentists are just not there. The Dental Register has remained more or less stationary in numbers for years, and there are not, and never have been enough dentists to provide the public at large with a complete Dental Service. What then? There is a Bill before Parliament at the moment of writing, to legalise the training of ancillary workers and their employment by the School Dental Service. This scheme, which was used with some success in the Forces during the war, is in operation at the moment on a large scale in New Zealand's School Dental Service. New Zealand is a rural country with a small and scattered population. Britain is an industrial country with a population dense and congested; conditions are not strictly comparable, but provided the necessary experiments and adjustments are made, there seems no reason why something similar should not be the solution for the problem in Britain.

Something *must* be done. The School Dental Service cannot go on for ever being understaffed and not doing its job properly, and the Senior Dental Officer wishes to place on record that he would welcome the introduction of these ancillary workers. There are difficulties, of course; it will be useless to train them unless there is somewhere for them to work, which means many new clinics. In New Zealand ancillary workers are often miles from the Dental Officers who supervise them. In Britain such a system is neither necessary or desirable.

There is one amusing and salutary result of the new Health Service, in that the School Dental Service is now facing competition. Before 1948 parents who could not afford fees, particularly for conservation work, had to make use of the Dental Clinics for their children, or just neglect the whole business; now they have the choice, and Dental Clinics which are poorly equipped and staffed by off-hand Dental Officers are going to have a bad time. The challenge should have an excellent effect on the private dentists, the Dental Officers, and the Local Authorities.

It has been suggested that the School Dental Service should be merged into the National Health Service and controlled by the Ministry of Health. It would seem to be a pity to abandon the

local control of such a personal service, and there is much to be said for the close association between the Education Authority and its Medical Services—after all, they *are* School Medical Services.

Something was said in earlier reports concerning the improvement in teeth during war-time rationing and the deterioration which has become noticeable during the post-war periods.

A Dental Officer in Wallasey visited a school in one of the poorer parts of the County Borough during the nineteen forties, and was amazed and gratified at the startling improvement he had to record in the teeth of the youngest children. Circumstances prevented him visiting that particular school personally for some years, and his next visit was depressing; gone were the nice pink mouths full of sound white teeth, back was the old dismal procession of decay and sepsis.

Britain, at the moment of writing, is just entering one of its regularly recurring periods of austerity, and we are informed that cream cakes and jammy pastry will shortly disappear from the shop windows. This will not be regretted. Note at this point that hard boiled sweets probably do the minimum of harm to anyone's teeth.

Merton Road Dental Clinic is now well established and a Dental Officer is stationed there permanently. It is a well equipped clinic, although rather small, and is inclined to be gloomy as it faces north and the sun never shines into it.

New Street Clinic, owing to the resignation in August of the Dental Officer stationed there, was only open part-time during the last four months of the year. It is in some ways our best Dental Centre, even if it is set in a rather out of the way area. It will be re-opened shortly with a new Dental Officer.

Moreton Dental Clinic is a good one, although like Merton Road it has a gloomy north aspect. It is operated only part-time, but Moreton is growing rapidly, and as soon as it has its own Secondary Schools, a full-time Dental Officer will be necessary there. It is proposed, shortly, to increase the number of sessions during which this Clinic is open.

The X-ray machine at New Street is most useful. We wonder now how we ever got on without it. It has made some of our work easier, but it has also brought some complications. We have to thank the staff of the Orthodontic Department, and the staff of the Facial Surgery Department of Liverpool Dental Hospital, for their help in diagnosing and sometimes treating these "complications."

We are doing a little very simple Orthodontic treatment. It is a minor exasperation to be asked to do complicated and difficult work of this sort in the mouths of children whose parents will refuse on their behalf the simplest conservative treatment.

There is a French phrase which says "that the more the world changes, the more it is all the same thing." This is certainly not true of the School Dental Service. There has been much change since the first Annual Report was written thirty-two years ago, and, it is to be hoped, much improvement.

SUMMARY OF THE WORK CARRIED OUT BY THE SCHOOL HEALTH NURSES DURING 1951.

Special visits to Schools	...	...	...	...	...	169
Visits to Nursery Classes	...	...	...	...	...	9
Visits to Special Schools	...	...	...	...	...	30
No. of Cleanliness Surveys attended	...	...	...	...	...	232
No. of Re-cleansing Surveys attended	...	...	...	...	...	143

Home Visits :

No. of visits re Cleanliness	...	...	...	...	...	265
No. of visits re Medical Treatment	...	...	...	...	...	341
No. of visits re Hospital References	...	...	...	...	...	14
No. of miscellaneous visits	...	...	...	...	...	334
No. of Minor Ailment Sessions attended	...	...	...	...	...	788
No. of Eye Clinics attended	...	...	...	...	...	59

Infestation with Vermin :

No. of Examinations	...	...	...	...	...	29,717
No. of individual pupils examined	...	...	...	...	...	12,876
No. of individual pupils found to be infected	...	...	...	...	...	944

Mr. Bate, Chief Sanitary Inspector, makes the following observations :—

During the year a detailed survey of all sanitary accommodation in schools was carried out by the Sanitary Inspectors' section of the department and a comprehensive report submitted to the Director of Education. The report enumerated the sanitary facilities existing in each school and a comparison was drawn with the scales specified in the Standards for School Premises Regulations, 1951, as affected by the subsequent building bulletins of the Ministry of Education ; the new Scales came into force on the 12th October, 1951, in substitution for standards prescribed by the Regulations of 1945.

The sanitary accommodation was surveyed in relation to its adequacy, light and ventilation, form of construction, maintenance and repair, and standards of cleanliness. The general standard of cleanliness was good ; of 46 schools included in the Survey only in one case was the cleanliness of the sanitary accommodation graded less than satisfactory. The accommodation was also in a generally well maintained state, though a series of minor repairs was suggested. Ventilation was satisfactory in all Schools.

In only thirteen schools, however, were the numbers of conveniences adequate within the meaning of scales specified in the new Regulations. If the standards were to be attained, it would be necessary to augment the existing sanitary accommodation by an aggregate number of 22 W.C.'s and 25 urinals for boys, and 189 W.C.'s for girls. The provision of these facilities is no doubt hampered by the need for concentrating resources on the building of new schools, and

there is probably no serious health hazard arising from the fact that the sanitary accommodation in a particular schools falls a little below the arbitrary standard specified in the Regulations. But there are a dozen school departments where the existing sanitary accommodation does not exceed 50 per cent. of the Statutory Scale and there is ample justification on health grounds for improving the facilities at least in these schools.

Some improvement of urinal accommodation is also to be recommended ; the Regulations require that urinals be constructed of glazed materials and equipped with automatic flushing apparatus. Past experience in Wallasey supports the view that cement rendered or slate faced urinals are unsatisfactory and a long term scheme for their abolition is to be recommended. At the time of the survey there were seven schools in which urinals of this type had so deteriorated as to merit immediate conversion.

CHILD GUIDANCE CLINIC.

EDUCATIONAL PSYCHOLOGIST'S REPORT FOR 1951.

During 1951 47 children (25 boys and 22 girls) were interviewed by the Educational Psychologist prior to being seen by the Psychiatrist. The cases dealt with can be broadly classified under the following heads :—

Aggression, temper tantrums ...	...	...	14
Excessive shyness, habit spasms ...	...	...	8
Excessive fears, anxiety ...	...	...	8
Enuresis ...	...	...	5
Stealing ...	...	...	5
Illnesses of hysterical origin ...	...	...	3
Truancy ...	...	...	2
Masturbation ...	...	...	2
			—
			47
			—

An indication of the various types of children dealt with can be obtained from the table given below :—

Type of School	I.Q.									Total
	60+	70+	80+	90+	100+	110+	120+	130+	No result	
Infants ...	—	—	—	1	4	5	—	—	2	12
Junior ...	—	4	5	3	3	2	1	1	—	19
Sec. Grammar	—	—	—	—	1	2	—	—	—	3
Modern ...	1	—	3	3	2	1	—	—	—	10
Tech. ...	—	—	—	—	—	2	1	—	—	3
Total ...	1	4	8	7	10	12	2	1	2	47

Miss G. M. Dean, Organiser of School Meals, makes the following observations :—

The number of children taking advantage of the School Meals Service continues to show a slight increase. In October, 1951, the number of children having their main meal at school was 5,399, which is 40% of the number on roll.

There still remains a considerable difference in the number of meals at schools. Omitting Special Schools, the highest percentage is recorded at a Secondary School where 80% of the pupils stay for dinner and the lowest is at an Infant School where only 9.26% remain for their mid-day meal. This difference is mainly due to the accommodation, the percentage being less where dining accommodation is limited. During the year a new kitchen was opened at Lingham School, which is equipped to serve 250 meals. It is encouraging to note that in the first three weeks the number of meals ordered daily increased by 100.

“Family Service” has been introduced into two Secondary School Canteens. This service aims, as its name implies, at making the mid-day meal a family affair. Serving dishes are used, the head of the table being responsible for the serving of the main dish, each child helping himself to the vegetables, sauces, etc. The graces of the table are a matter of great importance. Family Service offers good opportunities for social training. It is an essential element in the wider education of the child that he should learn to sit at table and be taught how to eat pleasantly and happily. Meal-time should become a social occasion in the life of every individual, unconsciously undertaken, yet anticipated with pleasure.

REPORT ON PHYSICAL EDUCATION, 1951.

Mr. Clare, Organiser of Physical Training, makes the following observations :—

As Physical Education in the schools is so wide a subject and concerned chiefly with children of normal health and physique, it is not possible to assess in detail the full value of work done. No “cases” are treated and no cures can be reported. All children are exposed to Physical Education throughout their school career in the hope of their contracting a lasting desire for it in one form or another.

Apart from recreational activities the work is aimed at producing full and balanced development of physique. Remedial exercises designed to correct specific defects in individual children are not attempted by the class teacher, who, apart from having large classes to teach, is not normally qualified for such work. Activities designed to prevent and alleviate the commoner postural errors, which can be performed by all children without harm, have, however, been included in the normal lesson. As the total time allowed for all branches of Physical Education, including time spent in travelling to and from baths and playing fields, is less than four hours per week, the amount of time which can be allotted to work of a more remedial nature is not great.

Most prominent among cases of simple postural errors in children are flat feet and round shoulders. Though emphasis is placed on correct footwork in the performance of all physical activities in schools, lack of suitable indoor accommodation in most of our Primary schools precludes work in bare feet. When daily remedial exercises are prescribed by the clinic they are best done at home under the insistent eye of an interested parent. Parents can do much to prevent foot defects if they ensure that children are provided with properly fitting footwear, not forgetting that shrunken or badly-darned hose can be as uncomfortable and harmful to growing feet as badly-fitting shoes.

Postural defects of the spine and shoulder girdle may be counteracted to some extent by activities on apparatus where children can hang at full stretch from their hands, and can perform the stronger heaving and trunk exercises. During this year each Infants' school has been provided with a minimum of such apparatus. It is hoped in the course of time to augment this apparatus and to extend provision of similar apparatus to Junior schools.

Facilities for swimming and games are still below requirements, though some improvement in the provision of playing fields and of special transport necessary to bring them into use can be reported. Despite setbacks, interest is being maintained and even increased in the more recreative branches of Physical Education. This is particularly marked in Swimming, where over six hundred children have gained their beginner's certificate, forty-five have been awarded first-class certificates, and over two hundred awards of the Royal Life Saving Society have been won during the year. On their first entry for the Schools' County Swimming Championships the Wallasey team gained second place. Progress has also been made in Athletics, particularly by the girls, who this year had their own inter-schools championships meeting for the seniors and a combined sports meeting for the juniors, both being most successful.

It is not possible here to enumerate all the physical activities which are being carried on in the schools under the enthusiastic guidance of the teachers who have devoted a good deal of their spare time to this work. There is ample evidence, however, that one of the chief aims of Physical Education, that of inculcating a love of healthy exercise in the open air, is being fulfilled.

PHYSIOTHERAPY REPORT 1951.
CLASSIFICATION

YEAR ENDING DECEMBER 31ST, 1951
MONTHLY ATTENDANCES.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL Att- end.
REMEDIAL EXS. ...	891	1,157	991	1,092	1,260	1,374	902	43	909	1,102	1,119	532	11,372
ASTHMA ...	119	126	124	117	147	168	165	—	131	129	108	84	1,418
TONSILS AND A. ...	43	39	34	123	43	158	129	—	182	44	35	26	856
U.V.R. ...	195	182	238	426	485	718	268	—	651	599	428	132	4,322
NEW CASES ...	47	57	113	55	84	100	86	56	70	75	104	63	910
DISCHARGES ...	46	63	64	72	74	61	80	17	99	93	93	42	804

On Register December 31st, 1951:—

TOTAL PHYSIOTHERAPY CASES	...	...	1,165
TOTAL ATTENDANCES	...	...	17,968
DISCHARGES	...	...	804
NEW CASES	...	...	910

WALLASEY EDUCATION COMMITTEE.

MEDICAL INSPECTION, 1951

MAINTAINED PRIMARY AND SECONDARY

SCHOOLS

TABLE I.

(A) PERIODIC MEDICAL INSPECTIONS :—

Entrants	...	...	...	...	...	...	1,404
Second Age Group	...	...	...	...	...	...	1,579
Third Age Group	...	...	...	...	...	...	739
Total							3,722

Other Periodic Inspections	—
----------------------------	-----	-----	-----	-----	-----	-----	---

(B) OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	3,183
Number of Re-inspections	...	...	...	...	362
Total					3,545

(C) PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding dental diseases and infestation with vermin).

Group	For Defective Vision (Excluding Squint)	For any of the other Conditions Recorded In Table IIA	Total Individual Pupils
(a) Entrants	53	344	200
(b) Second Age Group	139	257	316
(c) Third Age Group	62	83	138
Total (A-C)	254	684	654

TABLE II.

(B) Classification of the General Condition of Children Inspected during the year in Age Groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		(Col 2) No.	% of Col. 2	(Col 2) No.	% of Col. 2	(Col 2) No.	% of Col. 2
Entrants ...	1,404	920	65.55	443	31.55	41	2.9
Second Age Group ...	1,579	1036	65.61	516	32.68	27	1.71
Third Age Group ...	739	548	74.1	177	24.00	14	1.9
Other Periodic Inspections	—	—	—	—	—	—	—
Total	3722	2,504	% of (Col 2) 67.28	1,136	% of (Col 2) 30.52	82	% of (Col 2) 2.2

TABLE III.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1951.

Disease or Defect	Periodic Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not Requiring Treatment	Requiring Treatment	Requiring to be kept under observation but not Requiring Treatment
Skin ...	63	23	125	7
Eyes—(a) Vision ...	254	121	57	2
(b) Squint ...	43	43	9	—
(c) Other ...	36	9	123	11
Ears—(a) Hearing ...	23	25	31	3
(b) Otitis Media ...	4	15	32	4
(c) Other ...	36	11	200	9
Nose or Throat ...	125	298	168	17
Speech... ..	13	18	14	—
Cervical Glands ...	1	48	27	8
Heart and Circulation ...	22	38	14	5
Lungs	34	117	44	14
Developmental—				
(a) Hernia	16	42	1	—
(b) Other	13	33	8	3
Orthopaedic—				
(a) Posture	16	35	13	—
(b) Flat Feet	95	45	44	1
(c) Other	65	41	135	6
Nervous System—				
(a) Epilepsy	—	2	4	2
(b) Other	34	34	15	3
Psychological—				
(a) Development	20	14	15	2
(b) Stability	5	18	18	8
Other	20	24	1,072	234

TABLE III.

INFESTATION WITH VERMIN.

(i)	Total Number of Examinations in the Schools by School Nurses or other Authorised Persons	29,717
(ii)	Total Number of Individual Pupils Examined ...	12,876
(iii)	Total Number of Individual Pupils found to be infested	944
(iv)	Number of Individual Pupils in respect of whom Cleansing Notices were issued under Sec. 54 (2) of the Education Act, 1944	—
(v)	Number of Individual Pupils in respect of whom Cleansing Orders were issued under Sec. 54 (3) of the Education Act, 1944	—

TABLE IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

GROUP 1—DISEASES OF THE SKIN
(Excluding Uncleanliness (see Table III).

				No. of Cases Treated or under Treatment during the Year.	
				By the Authority	Otherwise
Ringworm	(i) Scalp	...	...	1	—
	(ii) Body	...	...	7	—
Scabies	...	...	...	5	—
Impetigo	...	...	...	74	—
Other Skin Diseases	...	...	...	135	7
Total				222	7

GROUP 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

				No. of Cases Dealt with	
				By the Authority	Otherwise
External and Other, excluding Errors of Refraction and Squint				424	—
Errors of Refraction (including Squint)				904	3
Total				1,328	3
Number of Pupils for whom Spectacles were					
(a)	Prescribed	...	...	533	No information available.
(b)	Obtained	...	...	No information available.	do.
Total				533	—

**GROUP 3—DISEASES AND DEFECTS OF EAR, NOSE
AND THROAT.**

	Number of Cases Treated	
	By the Authority	Otherwise
Received Operative Treatment—		
(a) For Diseases of the Ear ...	—	13
(b) For Adenoids and Chronic Tonsilitis ...	—	308
(c) For other Nose and Throat Conditions ...	—	10
Received Other Forms of Treatment	*346	43
Total ...	346	374

*At Authority's Minor Ailments Clinics.

GROUP 4—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number Treated as In-Patients In Hospitals ...	20	
(b) Number Treated Otherwise e.g., in Clinics or Out-Patient Departments ...	By the Authority	Otherwise
	1,165	1

GROUP 5—CHILD GUIDANCE TREATMENT.

	Number of Cases Treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of Pupils Treated at Child Guidance Clinics ...	57	4

GROUP 6—SPEECH THERAPY.

	Number of Cases Treated	
	By the Authority	Otherwise
	114	—

GROUP 7—OTHER TREATMENT GIVEN.

	Number of Cases Treated	
	By the Authority	Otherwise
(a) Miscellaneous Minor Ailments ...	3,679	—
(b) Other—		
Warts	—	17
Verrucae	—	8
Lacerations	—	3
Cysts	—	2
Other	—	4
Total ...	3,679	34

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.**YEAR ENDED 31st December, 1951.**

(1) Number of Pupils Inspected—						
(a) Periodic Age Groups...	...	...	...	...	...	5,855
(b) Specials ... ..	...	...	...	...	...	2,922
Total (1)	...	...	...	...	...	8,777
(2) Number found to require Treatment	...	...	...	...	...	5,435
(3) Number referred for Treatment ...	...	...	...	...	...	5,216
(4) Number actually treated	...	...	...	...	...	4,759
(5) Attendances made by Pupils for Treatment	...	...	...	...	...	8,773
(6) Half-days devoted to—						
(a) Inspection ... ..	...	...	...	...	...	82
(b) Treatment ... ..	...	...	...	...	...	1,581
Total (6)	...	...	...	...	...	1,663

**DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY—*Contd.***

(7)	Fillings :	(a)	Permanent Teeth	...	...	...	3,170
		(b)	Temporary Teeth	...	...	...	129
			Total (7)	...	...	...	3,299
(8)	Number of Teeth Filled :	(a)	Permanent Teeth	...	...	...	2,947
		(b)	Temporary Teeth	...	...	...	127
			Total (8)	...	...	...	3,074
(9)	Extractions :	(a)	Permanent Teeth	...	...	...	1,122
		(b)	Temporary Teeth	...	...	...	4,739
			Total (9)	...	...	...	5,861
(10)	Administration of General Anaesthetics for Extraction						3,280
(11)	Other Operations :	(a)	Permanent Teeth	...	...	...	1,431
		(b)	Temporary Teeth	...	...	...	—
			Total (11)	...	...	...	1,431

MINOR AILMENTS AND OTHER CLINICS.

Monday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Minor Ailments.
		Health Centre, Oakenholt Road, Moreton ...	Minor Ailments.
		Congregational Church Hall, Liscard Road, Wallasey	Minor Ailments and S.M.O.'s Clinic.
	(p.m.)	—	—
Tuesday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Ophthalmic Clinic (Mr. Hamilton and Minor Ailments Clinic (11 a.m. to 12 noon).
		Health Centre, Moreton	Minor Ailments and S.M.O.'s Clinic.
			Ophthalmic Clinic (Mr. Hamilton) as required).
		Congregational Church Hall, Wallasey ...	Minor Ailments.
		(p.m.)	School Clinic, Merton Road, Wallasey ...	Ophthalmic Clinic (Mr. Hamilton) (Fortnightly).
		Other Clinics	—

MINOR AILMENTS AND OTHER CLINICS (*Contd.*)

Wednesday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Minor Ailments and S.M.O.'s Clinic.
		Health Centre, Moreton Congregational Church Hall, Wallasey ...	Minor Ailments.
	(p.m.)	School Clinic, Merton Road, Wallasey ...	Immunisation (1st & 3rd Wed. of each month).
		Health Centre, Moreton Congregational Church Hall Wallasey ...	—
Thursday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Minor Ailments.
		Health Centre, Moreton Congregational Church Hall, Wallasey ...	Minor Ailments.
			Minor Ailments.
	(p.m.)	School Clinic, Merton Road, Wallasey ...	Orthopaedic Clinic (Mr. Davies) do. (every 4th Thurs.).
Friday	(a.m.)	Health Centre, Moreton Congregational Church Hall, Wallasey ...	—
		School Clinic, Merton Road, Wallasey ...	Minor Ailments.
		Health Centre, Moreton Congregational Church Hall, Wallasey ...	Minor Ailments.
	(p.m.)	Health Centre, Moreton	Immunisation (fortnightly)
Saturday	(a.m.)	Other Clinics ...	—
		School Clinic, Merton Road, Wallasey ...	—
		Health Centre, Moreton Congregational Church Hall, Wallasey ...	—
			—

PHYSIOTHERAPY CLINICS.

Monday	(a.m.)	School Clinic, Merton Road, Wallasey. (U.V.L.) Elleray Park School, Elleray Park Road, Wallasey. (Remedial Exercises, Cerebral Palsy Unit.)
	(p.m.)	Child Welfare Centre, New Street, Wallasey. (Remedial Exercises.) Health Centre, Oakenholt Road, Moreton. (Remedial Exercises and U.V.L.)
Tuesday	(a.m.)	Congregational Church Hall, Field Road, Walla- sey. (Remedial Exercises.) Child Welfare Centre, New Street, Wallasey. (Remedial Exercises and General Physio- therapy.)
	(p.m.)	Grosvenor Assembly Rooms, Grosvenor Street, Wallasey. (Remedial Exercises.) School Clinic, Merton Road, Wallasey. (Remedial Exercises.)
Wednesday	(a.m.)	School Clinic, Merton Road, Wallasey. (U.V.L.) Elleray Park School, Elleray Park Road, Walla- sey. (Remedial Exercises.)
	(p.m.)	Child Welfare Centre, New Street, Wallasey. (Remedial Exercises.) Health Centre, Oakenholt Road, Moreton. (Remedial Exercises and U.V.L.)
Thursday	(a.m.)	Congregational Church Hall, Field Road, Wallasey. (Remedial Exercises.) Child Welfare Centre, New Street, Wallasey. (Remedial Exercises and Gen. Physiotherapy)
	(p.m.)	Grosvenor Assembly Rooms, Grosvenor Street, Wallasey. (Remedial Exercises.) School Clinic, Merton Road, Wallasey. (Ortho- paedic Specialists Clinic.)
Friday	(a.m.)	School Clinic, Merton Road, Wallasey. (U.V.L.) Elleray Park School, Elleray Park Road, Walla- sey. (Cerebral Palsy Unit.)
	(p.m.)	Child Welfare Centre, New Street, Wallasey. (Remedial Exercises.) Health Centre, Oakenholt Road, Moreton. (Remedial Exercises and U.V.L.)

CHILD GUIDANCE CLINIC.*(Psychiatric Department)*

Thursday (a.m. & 50 Church Street, Wallasey.
p.m.)

SPEECH THERAPY CLINICS.

Monday	(a.m.)	Vaughan Road School, Wallasey.
	(p.m.)	Elleray Park School, Elleray Park Road, Wallasey.
Tuesday	(a.m.)	School Clinic, Merton Road, Wallasey.
	(p.m.)	Child Welfare Centre, New Street, Wallasey.
Wednesday	(a.m.)	Child Welfare Centre, New Street, Wallasey.
	(p.m.)	School Clinic, Merton Road, Wallasey.
Thursday	(a.m.)	School Clinic, Merton Road, Wallasey.
	(p.m.)	School Clinic, Merton Road, Wallasey.
Friday	(a.m.)	Health Centre, Oakenholt Road, Moreton.
	(p.m.)	School Clinic, Merton Road, Wallasey.

SCHOOL DENTAL CLINICS.

Monday	(a.m.)	School Dental Clinic, 47 Liscard Village, Wallasey. Child Welfare Centre, New Street, Wallasey. Health Centre, Oakenholt Road, Moreton. School Clinic, Merton Road, Wallasey.
	(p.m.)	do.
Tuesday	(a.m.)	School Dental Clinic, 47 Liscard Village, Wallasey. Child Welfare Centre, New Street, Wallasey. School Clinic, Merton Road, Wallasey.
	(p.m.)	do.
Wednesday	(a.m.)	do.
	(p.m.)	do.
Thursday	(a.m.)	School Dental Clinic, 47 Liscard Village, Wallasey. Child Welfare Centre, New Street, Wallasey. Health Centre, Oakenholt Road, Moreton. School Clinic, Merton Road, Wallasey.
	(p.m.)	do.
Friday	(a.m.)	School Dental Clinic, 47 Liscard Village, Wallasey. Child Welfare Centre, New Street, Wallasey. School Clinic, Merton Road, Wallasey.
	(p.m.)	School Dental Clinic, 47 Liscard Village, Wallasey. School Clinic, Merton Road, Wallasey.
Saturday	(a.m.)	School Dental Clinic, 47 Liscard Village, Wallasey. Child Welfare Centre, New Street, Wallasey. School Clinic, Merton Road, Wallasey.

IMMUNISATION AGAINST DIPHTHERIA.

During the year 139 children of school age were immunised for the first time, while 748 received a reinforcing dose.

HANDICAPPED PUPILS, YEAR. 1951

Details	Blind	Partially Blind	Deaf	Partially Deaf	Delicate	Phy- sically Handi- capped	Educa- tionally Sub- Normal	Mal- adjusted	Epilep- tic	Total
During the year at Schools or	—	—	1	—	13	11	31	1	2	59
Admitted during the year requiring admission at Special or Boarding	—	1	2	—	8	10	21	1	2	45
Special —										
Boys ...	—	—	3	1	63	40	116	—	1	224
Girl Pupils ...	—	—	6	—	—	—	—	—	1	7
in Homes ...	—	—	—	—	—	—	—	—	—	—
at Inde- pendent Schools under admission made by Authority ...	—	—	4	1	—	2	5	1	1	14
	—	—	13	2	63	42	121	1	3	245
Admitted under admission made under Sec. 56 of the Education Act, 1944 :										
at ...	—	—	—	—	—	—	—	—	—	—
at ...	—	—	—	—	—	4	—	—	—	4
Placed in Schools ...	—	1	1	—	—	2	7	—	—	11
Home Tuition	—	—	—	—	—	4	—	—	—	4

Number of children reported during the year :—

- (a) Under Sec. 57(3) 2
 (b) „ „ 57(4) 0
 (c) „ „ 57(5) 1
 of the Education Act, 1944.

